

\*Family includes immediate family who live in your home such as patient, patient's spouse, all of patient's children under 18 (natural or adoptive) who live in patient's home. Patients under 18 include parental income.

In order for us to determine your eligibility, you need to send the following items:

- **Last three pay stubs** or other form of income, include SS/SSI pay, pension /retirement/annuity pay, child support, unemployment, interest income and alimony. If you are receiving SS/SSI, we will need a copy of the approval letter you received from Social Security stating the amount of monthly income.
- **Complete** copy of your last Federal income tax return (including schedules).
- **Be sure to sign and date the application.** If the **entire** application is not completed, it will be returned to you to complete.
- Please return the financial applications and income verifications to:

***Mercy Healthcare Center  
Financial Applications Department  
Business Services – 5<sup>th</sup> Floor  
2200 Jefferson Avenue  
Toledo, OH 43624***

If you have any questions, contact our Customer Service Department at 419-251-4147, or toll free 1-888-811-4147.