



PO BOX 788 INDIANA PA 15701
REQUEST FOR I-CARE FUNDING

Name, Address, Phone

Spouse/Dependents

Category:

Approval Date:

Expiration Date:

Table with 2 columns: Applicant Signature, IRMC Employee Signature

Source of Income:

Total Yearly Income

2010 Federal Income Tax Verified

I certify that the above information is true and accurate to the best of my knowledge. Further, I will apply for any assistance (Medicaid, Medicare, Insurance, etc.), which may be available for payment of my facility charge, and I will take any action reasonably necessary to obtain such assistance and will assign to or pay the facility the amount recovered for facility charges.

Since the I-Care program applies to medically necessary charges only, any charges for certain elective admissions or procedures, prescriptions, or personal items remain your responsibility. In addition, this approval does NOT include all physician services. Please check with your physician (s) to determine if they follow the hospital's program.

IN ORDER TO RECEIVE THE ICARE ADJUSTMENT, A COPY OF THE TOP PORTION OF THE APPLICATION MUST BE SHOWN AT TIME OF REGISTRATION.

WE ARE NOT ABLE TO FAX APPLICATIONS TO DOCTOR OFFICES SO PLEASE KEEP YOUR APPLICATION IN A SAFE PLACE.

Walk in applications are accepted on Tuesday morning from 8:00 am to 12:00 pm, Wednesday from 8:00am to 3:30 pm and on Thursday from 11:30am to 3:30 pm.

If you have any questions please call:

- A-F 724-357-7020
G-N 724-357-7022
O-Z 724-357-8173

For information on We-Care call
Indiana Physician Services
724-357-7196