Amesbury Health Care Trust Commission

Date of Application	Number of Dependent Family Living in the Home:	
Applicant's Name:	Date of Birth:	
Address:	Unit or Apt. #	
Street Address:		
City AMESBURY	State: MA	ZIP: 01913
Phone:	Mobile:	
Email:		
Length of time as Amesbury resident: (Must be resident for 12 months before application date)		
Do you currently have Health Insurance?	☐ Yes	☐ No
Do you receive Worker's Compensation?	☐ Yes	☐ No

TOTAL FAMILY INCOME

ALL INFORMATION IS CONFIDENTIAL-ALL DOCUMENTS MAY BE RETURNED UPON REQUEST

Do you file taxes?

YES, I (We) FILE INCOME TAXES:

If yes, attach a copy of the summary page of last year's Income Tax Form for all household members who filed taxes.

OR

NO, I (We) DO NOT FILE INCOME TAXES

What is your total Monthly Income? $_____/month

Include Wages, Social Security, Disability, Unemployment, Retirement etc.)

- All completed applications are reviewed and voted upon each month.
- Applicants receive outcome notification by mail.
- Approved invoices are submitted to the city's Finance Department for payment.
- Financial assistance is not guaranteed.
- Distribution of funds are based on objective criteria and goals established by the Trust.
- AHCTC cannot reimburse applicants but will pay providers directly.
- All information is held in the strictest confidence.
- Any financial information may be returned if requested

May be Covered by the AHCTC

- Provider Office Visits
- Hospital & Ancillary Charges
- Diagnostic Tests/Procedures
- Eye Exams- (not glasses or contacts)
- Mental Health Care
- Some Durable Medical Equipment
- ONE-TIME Emergency Prescription of antibiotic or anti-seizure medication

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NOT COVERED by the AHCTC

- Invoices Less than $25.00
- Insurance Premiums
- Glasses or Contacts & Hearing Aids
- Dental Services (except abscessed tooth)
- Prescriptions & Medication Copays
- Date of Service more than 1 year old
- Missed Appointment Charges
- If Allotment has been exhausted

Checklist before mailing application

☐ **Yes** Understand that applications and documentation are kept confidential.

☐ **Yes** Completed all information requested on application? Incomplete applications are not processed.

☐ **Yes** Is the application filled out for the family member's name who has the medical bills?

☐ **Yes** Included entire original medical bill or invoice?

☐ **Yes** Have you resided in Amesbury for the 12 months prior to applying?

☐ **Yes** Have attached enough postage to application and bills?

☐ **Yes** Include copy of previous year's income tax summary page showing yearly income for family.

Amesbury Health Care Trust Commission

Established in 1998 from the endowment of Amesbury Hospital to improve access to healthcare services for Amesbury residents who do not have sufficient means or insurance. Eligibility is determined by the commission with compassion on a case by case basis.

Need Information or Assistance?

Call: 978-872-3476 Leave message
Email: ahctcommission@gmail.com

Appointment at Senior Center 1st Friday of each month 10-11:30 AM.

Attend an open meeting 3rd Thursday of the month 4-5:30 PM Community Room Newburyport Five Cent Savings Bank in Amesbury, MA

Mailing Address:
PO Box 305
Amesbury, MA 01913