

REQUEST FOR FINANCIAL ASSISTANCE

GUARANTOR INFORMATION	
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Name: _____

Date of Birth: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____



IS THIS REQUEST RELATED TO A TEMPORARY HARDSHIP CAUSED BY THE CORONA VIRUS/COVID-19 OUTBREAK?
 YES _____ NO _____

SUPPORTING DOCUMENTATION REQUIREMENTS:

Mail completed application to: **Grande Ronde Hospital**
Attention: Financial Assistance Program
PO Box 3290
La Grande OR 97850

Hand deliver to: **909 Adams Ave**
GR Pavilion

Please return application by: _____

Required Documentation: Attached you will find a checklist of the documentation required with submission of this application. If the required documents are not submitted, your application will be rejected.

All information provided is protected by our privacy guidelines (HIPAA)

Household Information: Please list ALL people living in your household. Children 18 & Under

Household Members (Write on back if need more room)	Age & Date of Birth	Relationship to Guarantor	Name of Current Employment	Length of Employment	Other Source of Income
1.					
2.					
3.					
4.					
5.					
6.					

Household Income

Description	Monthly Amount	Description	Monthly Amount	Description	Balance
Monthly Gross Income		Child Support Received		Bank Checking Account	
Unemployment Benefits		Alimony Received		Bank Savings Account	
Social Security		School Grants & Financial Aide		HSA or FSA Account	
Pension, Annuities, IRA		Government Assistance (HUD Housing)		Business Bank Checking Account (If self-employed)	
Food Stamps		Other Source of Income		Business Bank Savings Account (If self-employed)	

Please answer the questions above as completely as possible. All information will be kept confidential. If you have any questions, please call, (541) 963-1400, Monday thru Friday, 8 AM to 5 PM.

Authorization

I hereby certify the information in the above financial questionnaire is correct and complete to the best of my knowledge. I authorize Grande Ronde Hospital to verify the information given; verification may include a Credit Report inquiry.

Responsible Person's Signature: _____ **Date:** _____

****HOSPITAL USE BEYOND THIS POINT****

Account Number(s): _____

MRN _____

Balance Owning: _____

Account Number(s): _____

Balance Owning: _____

SS LTR FPL EPIC NOTE SCANNED

Approved Date: _____

Family Size: _____

Income: _____

Approved Percentage: _____

Previous FA: _____

PFS Manager: _____ CFO: _____



Grande Ronde Hospital, Inc.

FINANCIAL ASSISTANCE APPLICATION CHECKLIST

~Please note that your application will not be processed until all the required documentation is received ~

- If you are uninsured, please provide a statement explaining why. If you applied for the OREGON HEALTH PLAN and were denied coverage, please provide your denial letter.
 - Name of Health Insurance Company:
 - Private insurance: _____
 - Employee Insurance: _____
- Educator or Seasonal Employee:
 - No Yes, month range I receive checks from employer: _____
- Three months bank statements of **ALL** bank accounts; personal, business and HSA/FSA statements
- Three months of recent paystubs for every working member of your household
- Copy of most recent personal State & Federal tax returns, **ALL** pages **ALL** schedules
 - **If you do not file taxes, written statement explaining why. If you are legally required to file taxes, they are required for the FA application to be processed.**
- Copy of most recent business State & Federal tax returns, **ALL** pages **ALL** schedules
- Copy of unemployment; include a copy of Unemployment payment statements
- Copy of Social Security statement for current year
- Copy of Alimony court document showing what is received
- Copy of Child Support court document showing what is received
- Copy of Food Stamp Assistance letter
- Copy of Housing Assistance (i.e. HUD)
- Copy of student financial aid (loans, grants etc.) for the current school year
- Proof of any other income such as: pensions, annuity etc.
- A letter signed and dated from any person who is helping you, i.e. housing, food, money etc.
- A letter signed and dated conveying any extenuating circumstances (example: why information is missing). Please provide as much detail as possible.
- Other: _____

If you have any questions regarding the completion of this application please contact our Financial Assistance Coordinator at (541) 963-1884.