

Required Documents

The following documents must be attached to process your application for Financial Assistance:

Proof of income: Prior year income tax return, last 3 months bank statements, last 4 paycheck stubs, if applicable or a letter from employer or a letter from Social Security, etc.
Other documents requested.

Proof of Expenses: Copy of mortgage payment or rental agreement, copies of all month bills (including credit cards, bank loans, car/truck loans, insurance premiums, utilities, cable and cell phones). Other documents requested.

The information provided in this application is subject to verification by the hospital and has been provided to determine my ability to pay my debt. I understand that any false information provided will result in denial of any financial assistance by the hospital.

The Hospital reserves the right to pull a copy of your credit report.

Signature: _____ Date: _____

Hospital Representative Completing Application: _____

Date: _____

The below signatures are an indication of your review of the application and supporting documentation and that you find the information to meet policy requirements.

Amount approved: \$ _____ Date: _____

Financial Assistance Coordinator: _____ Date: _____

DORC: _____ Date: _____

CFO: _____ Date: _____