



FINANCIAL ASSISTANCE APPLICATION DOCUMENTS CHECKLIST

PATIENT NAME: _____

GUARANTOR NO: XXX-XX-_____ DATE OF BIRTH: _____

To process your application for Financial Assistance, the following information is required to determine eligibility.

___ PROOF OF INCOME Two recent pay stubs from the patient and spouse or Parent/guardian. If receiving unemployment send proof of unemployment benefit.

___ PREVIOUS CALANDAR YEAR'S TAX RETURN A copy of the previous year's tax return filed by the Patient or parent/guardian.

___ BANK STATEMENT A copy of your most recent statement (s) from ALL bank Accounts.

The following information is required if applicable

___ MEDICAID APPLICATION A copy of a completed Medicaid application. (Inpatient or Chemotherapy Patients only)

___ MICHILD APPLICATION A copy of a completed MICHILD application. (If under the age of 19)

___ OTHER _____

_____ Date form must be returned by for consideration

Upon furnishing the above noted information, your application for Financial Assistance will be reviewed for eligibility. Should you fail to provide the required information, your application will be denied and your account will proceed through the normal collection process, unless you are already set up on a payment plan. When the process is complete you will be contacted by phone or letter. A Financial Assistance Application is only valid for 3 months.