



**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 or approval or denial letter from Department of Human Services

**\_\_\_ NO INCOME** If you are reporting no income we need signed letter from person(s) that help pay daily living expenses

**\_\_\_ OTHER** \_\_\_\_\_

\_\_\_\_\_ Date form must be returned by for consideration

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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 three (3) months.**