PATIENT FINANCIAL ASSISTANCE PROGRAM

Yavapai Regional Medical Center recognizes that certain patients may require financial assistance in paying for healthcare services. The Patient Financial Assistance Program has been designed by the hospital in response to the needs of these patients.

Attached is the Patient Financial Assistance Application for you to complete and return to us by the date noted below.* The information requested on the form will assist us in determining if you qualify for assistance. Please fill out the form as completely as possible and return with copies of the items that are checked below.

- ☐ Paycheck stubs for the last three (3) months for ***all*** working persons in house hold.
- ☐ Social Security Award Letter
- ☐ Proof of pension
- ☐ Unemployment checks for last three (3) months/proof of unemployment filed
- ☐ Self-employment business records: profit and loss, tax returns and bank statements
- ☐ In the absence of income, a letter of support from individual(s) providing for the patient's basic living needs may be submitted
- ☐ Current IRS tax return
- ☐ Bank and/or credit union statements for the last three (3) months
- ☐ Investment statements for the last three (3) months
- ☐ Mortgage statement for one (1) month and annual property tax statement
- ☐ Students:
  - o Copy of transcripts
  - o Financial Aid documents
- ☐ Death Certificate

Other required items to show your relationship to other household members, entitlement to Social Security, and legal residency are:

- ☐ Birth or baptismal certificate or adoption papers for minor age children
- ☐ Marriage License
- ☐ Social Security Cards
- ☐ Current Driver's License
- ☐ Other document proving legal residency

An incomplete application will be denied until it is fully completed. The name of your financial counselor is noted below.

YRMC BUSINESS OFFICE

Enc: Application

* Due date**:** _____ Financial Counselor

_____

_____

YAVAPAI REGIONAL MEDICAL CENTER

PATIENT FIRST NAME	MI	LAST NAME	DOB

GUARANTOR'S FIRST NAME	MI	LAST NAME	SEX	DOB	SOCIAL SECURITY #

ADDRESS	CITY	STATE	ZIP	PHONE

SPOUSE'S FIRST NAME	MI	LAST NAME	SEX	DOB	SOCIAL SECURITY #

ADDRESS	CITY	STATE	ZIP	PHONE

# IN HOUSEHOLD	PATIENT LIVES IN HOUSEHOLD ☐ Yes ☐ No	ACCOUNT NUMBERS
# OF CHILDREN UNDER 18 IN THE HOUSEHOLD	# OF DEPENDENT CHILDREN OVER 18	
# OF DEPENDENT CHILDREN OVER 18 THAT ARE FULL-TIME STUDENTS	# OF DEPENDENT CHILDREN THAT ARE DISABLED	
REAL ESTATE (SELECT ALL THAT APPLY) ☐ Own ☐ Rent	MONTHLY PAYMENT AMOUNT	OTHER REAL ASSETS (PROPERTY, COLLECTIBLES, ETC.)

MONTHLY INCOME SOURCES	SELF	SPOUSE	CHILDREN	TOTAL
Employment				
Social Security				
Unemployment				
Pension/Retirement/Annuities				
ADC, GA, Food Stamps				
Other (rental income, child support, spousal, etc.)				
TOTAL GROSS INCOME				

EMPLOYER OF RESPONSIBLE PARTY				
ADDRESS	CITY	STATE	ZIP	PHONE
POSITION	MONTHLY INCOME $	START DATE		

CHECKING ☐ Yes ☐ No	TOTAL AMOUNT $	BANK NAME
SAVINGS ☐ Yes ☐ No	TOTAL AMOUNT $	BANK NAME
INVESTMENTS ☐ Yes ☐ No	TOTAL AMOUNT $	TYPE

I CERTIFY THAT THE INFORMATION GIVEN HEREON IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT DELIBERATE FALSIFICATION CAN LEAD TO DENIAL OF CONSIDERATION. I HEREBY AUTHORIZE THE HOSPITAL TO MAKE ANY NECESSARY INQUIRIES TO VERIFY THE INFORMATION PROVIDED AND TO OBTAIN ANY ADDITIONAL INFORMATION REQUIRED BY FACILITY.

APPLICANT SIGNATURE	DATE
CO-APPLICANT SIGNATURE	

- RELATIONSHIP OF HOUSEHOLD MEMBERS: Birth or baptismal certificate or adoption papers for minor-age children, marriage license, divorce decree or legal separation documentation.
- SOCIAL SECURITY CARDS
- PROOF OF RESIDENCY: Current Driver's License, other documents proving residency.
- ASSETS: Bank and credit union statements for the last three (3) months, stocks, bonds, securities, time certificates.
- INCOME FOR ALL HOUSEHOLD MEMBERS: Checks or check stubs/employer's statement listing gross wages, self-employment business records, income award letters/grant or education benefits letter, other documents showing income. ***Income Period*** _____ ***to*** _____
- BANK STATEMENTS FOR LAST THREE (3) MONTHS
- PREVIOUS YEAR TAX RETURN