



# Financial Assistance Application

**Return Information to:**

**MAIL:** Financial Assistance  
PO Box 27327  
Salt Lake City, Utah 84127  
**FAX:** 385-831-2890  
**EMAIL:** financial.assistance@r1rcm.com

If you need help to complete this form, please ask to speak with our Financial Assistance Department at 866-415-6556. Please check our website for additional information including Frequently Asked Questions, Plain Language Summary, and our Financial Assistance Policy. Patients may also apply online at [www.intermountainhealthcare.org/assistance](http://www.intermountainhealthcare.org/assistance).

**Instructions for completing this form:**

Please fill this form out completely and return all required documentation to the Intermountain facility where you had or plan to receive care in order to be processed. Financial assistance will not be awarded to those who do not complete the application process; including the requirement for the patient to apply for programs for which they may qualify (i.e. Medicaid).

**Please submit the following documentation:**

1. Copies of your current federal tax return with all schedules, including W-2s
2. Household income verification noted below

Patient Name	Account Number	Birth Date
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Responsible Party Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

**Please list addresses for the last 12 months:**

Address	City	State	Zip	From (Month/Year)	To (Month/Year)

Spouse Name \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

Spouse Home Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_ Spouse Employer Name \_\_\_\_\_

**Additional Household Members**

Name	Birth Date	Relationship	Name	Birth Date	Relationship

**Household Monthly Income**

If you are unable to provide copies of the verified information; please provide 3 months bank statements with an explanation on the back of this form.

Type	Responsible Party Amount	Spouse Amount	Type of Income Verification Required
Employment Income (Gross)	\$ _____	\$ _____	<input type="checkbox"/> Provide paycheck stubs for the last two pay periods or 3 months bank statements
Self-Employment Income (Gross)	\$ _____	\$ _____	<input type="checkbox"/> Provide 3 months bank statements
Pension, Retirement, Social Security Income	\$ _____	\$ _____	<input type="checkbox"/> Provide your Pension/Retirement statement, and/or Social Security award letter
Unemployment, Disability Income, etc. <small>Check if Disabled/unemployed longer than 6 months</small>	\$ _____ <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	<input type="checkbox"/> Provide unemployment, disability award letter, or 3 months bank statements
Child Support, Alimony	\$ _____	\$ _____	<input type="checkbox"/> Provide a copy of your divorce decree, legal separation notice, or custody agreement if you would like this information considered
Other (Please list source): _____	\$ _____	\$ _____	<input type="checkbox"/> Provide 3 months bank statements with an explanation of your income source(s)

***Please turn to the back of this form to complete the application.***



