



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.

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 hospital patients to apply for programs for which they may qualify (e.g., 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
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.



