



Dear Sir/Madam:

In some instances we are able to provide financial assistance to some of our patients. Enclosed, you will find a financial worksheet. Please take some time to complete all questions on the worksheet to be approved for additional charity on your current accounts.

Depending on your situation, please also include a copy of the following items that apply to determine if you qualify and submit to the address below:

- _____ Current tax return
- _____ Social Security letter
- _____ Unemployment Benefit letter
- _____ Last 3 months bank statements
- _____ Last 3 months pay stubs
- _____ Letter stating you, and or your spouse are unemployed or self-employed
- _____ Proof of any income received within the last 3 months

Applications returned without at least one of these items will not be processed. Please feel free to contact us should you have any questions regarding your account(s) at the number listed below.

Sincerely,

UCHealth
Financial Counseling Services

Poudre Valley Hospital
1100 E. Elizabeth St
Fort Collins, CO 80524
855-843-3547

**UCHealth
Financial Worksheet**

Name of Patient _____ Name of Guarantor _____

Patient SSN _____ Guarantor SSN _____

Address _____
 Street Apt# City State Zip Code

Home Phone _____ Work Phone _____

Patients Employer _____

Guarantors (spouses) Employer _____

<p><u>OFFICE USE ONLY - DO NOT COMPLETE</u></p> <p><u>Patients last three months of income (GROSS)*</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Guarantors (Spouses) last three months of income (GROSS)*</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Total earned income * _____</p>	<p align="center">Checklist</p> <p>Please include copies of all that apply</p> <p><input type="checkbox"/> Last 3 Months Pay stubs</p> <p><input type="checkbox"/> Current Tax return</p> <p><input type="checkbox"/> Unemployment Letter</p> <p><input type="checkbox"/> Social Security Letter</p> <p><input type="checkbox"/> Insurance card copy if eligible <u>Medicaid</u></p> <p><input type="checkbox"/> <u>CICP</u></p> <p><input type="checkbox"/> _____</p> <p>MRN# _____</p>
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List the names of family members that live in your household

	Name	Date of Birth	Social Security #
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

***Income from all sources: Job, unemployment, social security, alimony, old age pension, pension plan commissions, tips, child support, trust accounts, rental income, interest and other income.**

Assets/Resources

Assets/Resources	Info	Value
Savings/Checking Account		\$
Stocks, Bonds, CD's, Money Market Accts		\$
Other Assets (IRA, 401K, trust account, pension, annuity, revocable life insurance policy) Do not list your home or vehicles		\$
		\$
		\$

Income

Source	Frequency	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Comments:

The information on the UCHealth Financial Worksheet is warranted by the undersigned to be complete and accurate.
The undersigned does hereby consent to allow UCHealth to verification(s) of all items contained in this worksheet.
I understand that the provider has a right to obtain any recovery or right to recovery for a patient who would have a right to recovery.
This means that if I am found to have a claim for any benefits payable for any treatment which was given while I am eligible for assistance under this program that this provider has the right to be included in the claim process.

Signature

Date