

**NORTHWOOD DEACONESS HEALTH CENTER  
PATIENT FINANCIAL ASSISTANCE  
APPLICATION FORM**

**DATE OF REQUEST:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NUMBER OF DEPENDENTS (To include spouse, if applicable):** \_\_\_\_\_

**DOES SOMEONE CLAIM YOU AS A DEPENDENT (YES/NO):** \_\_\_\_\_

**ANNUAL HOUSEHOLD INCOME:** \_\_\_\_\_

**\*\* Verification through last year's tax return or other official verification required (see back page)\*\***

**If you are claimed as a dependent on someone else's taxes, that individual(s) income and income verification must also be included in this application**

**CURRENT EMPLOYER:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**EMPLOYER PHONE:** \_\_\_\_\_

**I AM SEEKING FINANCIAL ASSISTANCE/CHARITY CARE FOR SERVICES**

\_\_\_\_\_ **ALREADY**

\_\_\_\_\_ **NOT YET RENDERED**

**ADDITIONAL INFORMATION TO BE TAKEN INTO CONSIDERATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that the information which I submit is subject to verification by NDHC and subject to review and determination by applicable personnel at NDHC. I certify that the above information is true and correct.**

\_\_\_\_\_  
**Signature of Requester**

- Acceptable forms of verification of income include:

- (1) Current state and federal tax documents.
- (2) Two or more current paycheck stubs
- (3) Social Security Benefit Letter (Available through the local Social Security office)
- (4) Unemployment benefit letter (Available at Job Services)
- (5) Other documentation verifying the applicant's gross incomes
- (6) Letter denying unemployment benefits.

- Acceptable forms of verification of no income include:

- (1) College students must include their college ID, class schedule, and a financial aid letter
- (2) Brief letter from an individual familiar with the applicant's circumstances. The letter must include the signature, valid telephone number and the address of the individual.
- (3) Termination notice or letter from applicant's former employer stating when his/her employment ended. The notice/letter must include the signature, valid telephone number and the address of the individual.
- (4) Copy of applicant's monthly bank statement, if he/she is living on savings.
- (5) Other documentation indicating the applicant does not have household income.