

**NORTHWOOD DEACONESS HEALTH CENTER
CHARITY CARE 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: _____

CURRENT INSURANCE PLAN: _____

DO YOU HAVE A HEALTH SAVINGS OR FLEXIBLE SPENDING ACCOUNT (Y/N): _____

IF YES, WHAT IS THE CURRENT BALANCE OF THAT ACCOUNT: _____

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.