Dear Patient,

Northeastern Health System realizes that hospital bills are often unexpected and can create a financial hardship. Enclosed is an application to determine if you are eligible for Financial Assistance.

Please complete and return the application along with the requested documentation within 10 days. You must completely fill out the form, as well as sign and date it. You must submit proof of your income. If your form is not complete and we cannot verify your income, you cannot be considered for Financial Assistance.

If you have any further questions regarding this issue, please contact the Patient Financial Counselor.

Sincerely,

Kathryn Yaste
Patient Financial Counselor
(918) 453-2212
(918) 453-2341 fax

1400 E Downing
Tahlequah, OK 74465
*Have you previously applied for financial assistance through Northeastern Health System?  Yes____ No____ Year ________

**Patient or Responsible Party**

Name___________________________
DOB___________________________
SS# or ITIN_____________________
(must have ITIN Documentation & ID)
Address__________________________
City, State_______________________
Zip Code________________________
Phone #_________________________

**Spouse**

Spouse__________________________
Spouse DOB_______________________
Spouse SS# or ITIN________________
Phone#___________________________

**Household Information**

Please list all dependents living within your household not including yourself or your spouse.

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>SS#</th>
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**Gross Monthly Income**

Please include payroll, unemployment, pensions, Social Security, student loans & grants, alimony, child support, rental properties or anything else that is part of your income.

Patient: $________________________
Spouse: $________________________
Other: $________________________
Total: $________________________

**Medical Insurance**

If applicable. Please include Medicare or Medicaid.

Insurance Name____________________
Policy #_________________________

**Employment Information**

Please choose one and provide all documentation requested on the following page.

____ Employed
____ Self Employed
____ Retired or Disabled
____ Unemployed
____ Student

Before returning this application be sure to sign and date in the space provided.

Applicant’s Signature _______________________________ Date __________________
Spouse’s Signature _______________________________ Date __________________

For office use only
Review Date_____________ Initials_________ 100% ____ 80% ____ 65% ____ 45% ____ 30% ____ Denied
What Do I Need to Submit?

**Are you Employed or Self-employed?**

1. Pay Stubs from the last 2 months  
2. Copy of previous year’s complete Tax Returns  
3. 2 months of COMPLETE bank statements  
   ☑ If Self-Employed please submit 4 months of COMPLETE bank statements  
4. Any governmental assistance documentation

**Are you Disabled or Retired?**

1. Social Security and/or Pension Benefit Statements or letter from current year  
2. 2 months of COMPLETE bank statements  
3. Notarized Income Verification Letter if you’re supported by another’s income (see page 4)  
4. Any governmental assistance documentation

**Are you Unemployed?**

1. Unemployment letter, denied or approved, if you were issued one  
2. Notarized Income Verification Letter if you’re supported by another’s income (see page 4)  
3. Copy of previous year’s complete Tax Returns  
4. 2 months of COMPLETE bank statements  
5. Any governmental assistance documentation

**Are you a Full-Time Student?**

1. Copy of Award Letter and Transaction Ledger for loans and/or grants  
2. 2 months of COMPLETE bank statements  
3. If applicable- any governmental assistance documentation
Income Verification Letter: Proceed only if you are unemployed!!!

This form needs to be completed only for applicants with no employment income. This only applies if someone else supports you financially. Please have someone who knows you complete any/all applicable fields of this form.

Note: If you and/or your spouse are employed, you may disregard this page of the application.

*This form must be signed in the presence of the Patient Financial Counselor or you may choose to have it notarized.*

1. I certify that ___________________ is presently unemployed and he/she is living with me and pays no rent.

2. I certify that ___________________ is presently unemployed and I pay his/her living expenses.

3. I have known ___________________ for __________ years and I certify that he/she is unemployed and has no income.

Relationship to patient: _________________________________________________________________

Printed Name: _________________________________

Phone #: __________________________________

Address: _____________________________________________________________________________

City, State: _________________________________ Zip: ______________________________________

Signature: _________________________________ Date__________________________

For Notary or Financial Counselor:

Signed before me this _________ day of __________ 2018

My commission expires: _______________ Signature _________________________________________