1400 East Downing Tahlequah, OK 74465*918/456-0641

NORTHEASTERN HEALTH SYSTEM
FINANCIAL ASSISTANCE APPLICATION

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

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Tahlequah, OK 74465

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***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.

Name	DOB	SS#

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

NORTHEASTERN
HEALTH SYSTEM 1400 East Downing * Tahlequah, OK 74465*918/456-0641

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

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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 _______________________________________