



Financial Assistance approval will require the patient's cooperation in supplying information as follows:

1. Copy of most recent income tax return.
2. Completed Financial Assistance Application including signature.
3. Copy of Income. 3 months bank statements & check stubs OR social security award letter and 3 months bank statements.

Financial assistance requests may be submitted by the guarantor or person acting on behalf of the guarantor. Approval of the request will be granted or denied by the Hospital or CliniCare Business Office Manager by the end of the month the completed application is received or within five working days, whichever is later. In addition, approval will also be given by one of the following: Director of Finance or Chief Executive Officer.

If a patient does not qualify for financial assistance, a letter must be sent indicating that they have not qualified according to hospital guidelines.

EFFECTIVE DATE: 1/21/2026

Form: Application for Financial Assistance