



## FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

### ***Instructions:***

As part of our commitment to serve the community, Willamette Valley Medical Center elects to provide financial assistance to individuals who meet certain financial requirements.

To determine if you may qualify for financial assistance, you will need to complete the attached Financial Assistance application and provide the required documentation. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Please provide the information requested and mail to the following address: Financial Assistance Office  
PO Box 290429  
Nashville, TN 37229-0429

### ***Income Verification:***

**IN ORDER TO CONSIDER YOUR REQUEST FOR FINANCIAL ASSISTANCE, VERIFICATION OF INCOME IS REQUIRED. PLEASE PROVIDE A COPY OF THE FOLLOWING DOCUMENTS:**

- Governmental Assistance, Social Security, Workers Compensation or Unemployment Compensation Determination Letter
- Income Tax return for previous year

**PLEASE ALSO INCLUDE ALL OF THE FOLLOWING THAT APPLY TO YOU/YOUR SITUATION:**

- IRS Form W-2, Wage and Earnings Statement for all household earnings
- Last 2 paycheck stubs for all household earnings
- If not currently working, please provide proof of your unemployment. If you are not currently receiving unemployment benefits, please include a statement as to how you are taking care of your financial responsibilities without income. If someone is assisting you, please provide statement from this individual as well.
- Written documentation from other income sources (i.e. child support, alimony, other)
- Three months bank statements that contains income information

In the event income verification is unavailable, please contact our office for further instructions. Applications without verification are considered incomplete and **WILL NOT BE PROCESSED**. Please return the application and verification of income within 10 days to the above address. If this documentation is not received within 10 days after your discharge date, your Financial Assistance application will not be processed and the account will resume our normal collection process.

### ***Notification of Determination:***

We will notify you of your eligibility following receipt and review of all necessary information. The notification will be mailed to the mailing address you have provided on the Financial Assistance Application.

### ***Physician Services:***

The physicians and other ancillary providers that offer services at WVMC are not employees of WVMC. You will receive separate bills from your private physician and from other physicians whose services you required (pathologist, radiologist, surgeon, emergency room physicians, hospitalists, etc.) The Financial Assistance Application **will not** apply to any amounts due by you for physician services. For questions regarding their bills, or to make payment arrangements for physician services, please contact the individual physician's office.

***For assistance in completing this application, please contact the Financial Assistance Office 800-433-1009 or by fax 866 908 8875 Monday through Friday between the hours of 6 am and 3:00 pm.***