



REQUEST FOR FINANCIAL ASSISTANCE

I hereby request that Williamson Health, make a written determination of my eligibility for financial assistance for services rendered. I understand that the information that I submit is subject to verification by Williamson Health. I also understand that if the information that I submit is determined to be false, that my request for financial assistance will be denied and the charges for services rendered will be my full responsibility.

1. **FULL NAME:** _____

2. **ADDRESS:** _____

CITY: _____ **ZIP:** _____

3. **PHONE #:** _____ **SOCIAL SECURITY #:** _____

4. **MARITAL STATUS** (please check the appropriate box)

Married Divorced Single Widow/Widower Legally Separated*

5. **APPLICANT'S EMPLOYMENT STATUS** (please check the appropriate box)

Employed Full Time Employed Part Time Retired Disabled Not Employed

6. **EMPLOYER:** _____ **YEARS EMP:** _____

(If less than 1 year, please list previous employer and employment dates below)

PREVIOUS EMPLOYER: _____ **DATES:** _____

7. **SPOUSE'S EMPLOYMENT STATUS** (please check the appropriate box)

Employed Full Time Employed Part Time Retired Disabled Not Employed

8. **SPOUSE'S EMPLOYER:** _____ **YEARS EMP:** _____

(If less than 1 year, please list previous employer and employment dates below)

PREVIOUS EMPLOYER: _____ **DATES:** _____

9. **INSURANCE COMPANY NAME:** _____

10. ARE ANY ACCOUNTS THE RESULT OF AN ACCIDENT THAT MAY BE COVERED BY AUTO INSURANCE, WORKER'S COMPENSATION, OR LIABILITY? _____

(If the answer is YES, you must contact our office so we can file the insurance before those accounts can be considered for Financial Assistance.)

11. **ARE YOU A US CITIZEN OR LEGAL IMMIGRANT?** YES NO

(Documentation required to show proof of Legal Immigrant Status)

12. FAMILY INFORMATION: List all dependents (including yourself) that live in your household.

NAME	DATE OF BIRTH	RELATION	AGE
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____
D) _____	_____	_____	_____
E) _____	_____	_____	_____
F) _____	_____	_____	_____

13. INCOME: Check all that apply and include the monthly amount.

PROOF OF INCOME IS REQUIRED—see attached page for acceptable proof of income.

Source	Amount	Source	Amount
<input type="checkbox"/> Wage	\$ _____	<input type="checkbox"/> Alimony/ChildSupport	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Rental Income	\$ _____
<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Other (please explain)	\$ _____

14. ASSETS: Please list all that apply for the entire household.

Liquid Assets:

Checking Account Balance(s) \$ _____ Savings Account Balance(s) \$ _____
 CD's/Bonds/Stocks/IRA's, etc (total balances) \$ _____

Auto/Truck Assets:

Make/Model/Year _____ Estimated Value \$ _____ Loan Balance \$ _____
 Make/Model/Year _____ Estimated Value \$ _____ Loan Balance \$ _____

Property Assets

Home (residence): Fair Market Value \$ _____ Mortgage Balance(s) \$ _____
 Other Property (vacation, rental, etc.):
 Fair Market Value \$ _____ Mortgage Balance(s) \$ _____
 Other (ATV's, Boats, Motorcycles, etc) (list approximate value) \$ _____

15. EXPENSES: Please list the monthly amounts below.

Please also list, on the back of the application, any other household or medical expenses. You may use a separate sheet of paper if necessary.

Rent/Mortgage	\$ _____	Auto Loan Payments	\$ _____
Phone/Cable	\$ _____	Other Loan Payments	\$ _____
Credit Cards	\$ _____	Alimony/Child Support	\$ _____

Utilities (gas, electric, water, etc) \$ _____
 Insurance(auto, home, life, medical, etc) \$ _____
 Other (please explain) \$ _____

If all information requested is not accurate or included, your application will be denied.

I hereby do affirm that the information contained in this application is accurate and I authorize Williamson Health to use information on my credit report in their process of determining my eligibility for their Financial Assistance Program.

SIGNATURE _____ **DATE** _____

FINANCIAL ASSISTANCE CHECKLIST

THIS IS THE FINANCIAL ASSISTANCE CHECKLIST. IT IS VERY IMPORTANT TO RETURN EVERYTHING BELOW THAT APPLIES TO YOU (AND YOUR SPOUSE). YOU MUST SEND ALL OF THE REQUIRED INFORMATION IN ORDER TO DETERMINE ELIGIBILITY.

___ Complete tax return for 20 ___. This is required if you are self - employed. All pages must be sent.

___ If you draw retirement or disability, a copy of your letter from Social Security, and your 2 most recent bank account statements, all pages, if check is direct deposited.

___ Copies of your 2 most recent checking and savings account statements, all pages with nothing highlighted or blackened out. (You can black out your account number)If you have multiple accounts, please do not black out the last four numbers on each accout. Explain all deposits that do not indicate who the deposit is from.

___ Copies of your 2 most recent check stubs showing year to date income. Hire date at present employer must be listed on application if less than 1 year at that employer.

___ Written proof of any other income.

___ Notarized letter from whomever is providing you with food and shelter if you have no income. It must state that you have no income and their relationship to you.

___ Medicaid/TennCare denial letter. Food stamp letter from Department of Human Services if applicable.

___ Verification of non-direct deposits into your bank account.

___ Court order or legal proof of separation from spouse.

___ Verification of spouses income/assets.

___ Is your son or daughter a full time college student. Yes No (please circle)

If you are a full time student and your parents claim you on their tax return, you must submit their financial information

___ Other _____

Please only send copies. Any documents received will not be returned.

If you do not send in all proof listed and all other requested information, you will be denied financial assistance. Your account can not be placed on hold during the application process, calls and letters from our billing office will continue and you could be sent to a collection agency if no payments are made during this process. If you have any questions, please feel free to call me.