



Dear Applicant,

The following forms will be used with your application for Financial Assistance. Supporting documentation to verify financial status and family size is required. Attached is a detailed list of documents we require to be able to process your application. If an item does not apply to you write "n/a".

Applications that are incomplete will not be processed. Applications are time sensitive. Incomplete applications may render your account ineligible for financial assistance.

The basis of financial assistance is the truthful and accurate provision and submission of financial information from the applicant and/or responsible party (ies). Applicant and/or responsible party (ies) who intentionally misrepresent their household information will be automatically disqualified from any consideration whatsoever with regard to financial assistance programs. Intentional misrepresentation determination is the sole right of Southwest Health System, Inc.

- 1. Fill out the following application completely**
- 2. Gather all applicable supporting documentation**
- 3. Call for an appointment**

You can contact the Financial Assistance Office to schedule an appointment at 970-564-2131 or 970-564-2132.

Thank you,

Rhonda Hatfield

Southwest Health System, Inc.
Patient Financial Services
1311 N Mildred Rd
Cortez, CO 81321



Applicant

Last Name First Name Middle Initial Marital Status

Physical Address City State Zip

Mailing Address City State Zip

Home Phone Work Phone Cell Phone

Fill out the below for yourself and all legal dependents. Generally, a legal dependent is someone you can claim on your Federal Income Tax Returns.

Relationship to the applicant	Last Name	First Name	Middle Initial	Birth Date (MM/DD/YY)	Social Security Number	Is this person a full time student (Y or N)	Does this person need Financial Assistance (Y or N)
SELF							



The following documentation is required when applying for Financial Assistance. Please bring an original of the documents listed below to your appointment. If something does not apply to you write “n/a”.

INCOME

- One (1) month most recent, consecutive paycheck stubs OR a statement from the employer
 - If you provide a statement from the employer, the statement must include the employer name, address, phone number, hire date, rate of pay and average hours worked per week
- Last full month Profit and Loss Statement and one (1) month gross deposits in relation to the Profit and Loss Statement
- Unemployment Compensation or Workers Compensation statements.
- Old Age Pension (OAP) benefits
- Disability compensation statements (i.e. SSI, SSDI, Other)
- Social Security Income (Award Letter)
- Retirement and Pension benefits (yearly benefit statements)
- Gifts
- Court-Ordered Alimony Received
- Trust Accounts
- Rental Property
- Interest
- Insurance policies that are revocable (with cash surrender value)
- Monetary settlements received not related to a medical injury accident
- Veterans Affairs (VA) Benefits
- If you have no income, and someone is supporting you, they must write a letter including their printed name, address, phone number and signature stating the type of support that is being provided

EXPENSES

- Child Support paid for the most current full month
- Day Care paid for the most current full month
- It is optional for you to bring medical, dental, vision and pharmacy statements. The statements must include the provider name, address, phone number, date of service and any payments or adjustments applied
- Health Insurance Premiums (monthly statement)

OTHER INFORMATION REQUIRED

- One (1) month most recent bank statements (i.e. checking, savings, money market, check/cash card, CDs, etc.)
- Medicare, Medicaid, CHP+ and other Health Insurance Cards
- Colorado Driver’s License, Colorado Identification or other applicable Identification for each member of the household over the age of 18 applying for financial assistance

****The above list may not be all inclusive of documentation required in order to complete your application.**