**Financial Assistance Application**

Kootenai Health, Kootenai Clinics, Kootenai Heart Clinics Northwest and Kootenai Imaging

We understand that unexpected medical debt can be a financial hardship and we are committed to assist you with your financial obligation. This application needs to be completed within 21 days and returned to the Business Services Building located at 1221 W Ironwood Drive, Coeur d’Alene or can also be mailed to:

Kootenai Health Business Services

2003 Kootenai Health Way

Coeur d’Alene, ID 83814

Attn: Financial Counseling

In order to process your application, the following information (if applicable) is required:

**Do not send originals**

* Copy of recent tax return and current W2’s/1099
* 3 months of pay stubs for all members of the household
* Most recent 3 months of bank statements (all pages and all accounts)
* Recent food stamp award letter
* Copy of denial from County/Medicaid
* Proof of **any** other income (Social Security, Unemployment, Worker’s Comp, etc.)
* Current Photo ID

Please call Kootenai Health Financial Counseling at (208) 625-5000 if you have any questions.

*\*We use the Federal Poverty Guidelines when determining eligibility*

Medical bills you wish to be considered for assistance:

Provider Name Date of Service Account Number Amount Owed

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 Revised: 5/17