

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 one of the following locations:**

In person at:

Kootenai Business Services
1221 W Ironwood Drive
Coeur d'Alene, Id 83814

OR

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 for **ALL MEMBERS OF THE HOUSEHOLD:**

Do not send originals and please no staples

- Current, Valid Picture I.D.
- The patient's most recent filed Federal Tax Return **or** two alternative substitutes, to include a current W-2 or 1099, your most recent bank statement, a broker's statement from the IRS, and a current credit report
- Current three months of employer pay stubs
- All pages of **all** checking, savings and other bank statements for last three months
- Social security benefit documentation
- Disability and/or Unemployment benefits documentation
- Current food stamps award letter from patient's state of residence
- Written documentation from any other income sources, to include assistance received from an individual or organization
- Proof of mortgage, rent and utilities payment
- Proof of Assets, to include supporting documentation of:
 - ✓ Value of home (if owned)
 - ✓ Vehicles
 - ✓ Stocks and bonds
 - ✓ Life insurance with cash value
 - ✓ Assets available through a family or other Trust

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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_____	_____	_____	_____
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Comments _____

Revised: 12/2018

