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| --- | --- |
| **Financial Assistance Application**Kootenai Health • Kootenai Clinics • Kootenai Outpatient Imaging | Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Due by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 30 days and returned to one of the following locations:**

**In person at: OR Mailed to:**

2003 Kootenai Health Way Kootenai Health Business Services

Coeur d’Alene, ID 83814 2003 Kootenai Health Way

(North Entrance Hospital Lobby) Coeur d’Alene, ID 83814

In order to process your application, the following information (if applicable) is required for **All members of the household**. Please do not use staples or send originals.

* Current and valid photo ID
* 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.**

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We use the Federal Poverty Guidelines when determining eligibility

**1.10.2024**

**kh.org | 208.625.5000**

# Financial Assistance Application

**Date Financial Counselor Received**

**Patient/Applicant:**

**Name/Parent**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living arrangement: **❏** Rent **❏** Own **❏** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/significant other name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Daytime phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children under the age of 18 \_\_\_\_\_\_\_\_\_

Is Patient a minor? **❏** Yes **❏** No If yes, name of minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the result of a: Vehicle accident **❏** Yes **❏** No Work injury **❏** Yes **❏** No Crime **❏** Yes **❏** No Is the patient: A veteran **❏** Yes **❏** No Pregnant **❏** Yes **❏** No

**Household Gross Monthly Income**

Self: \_\_\_\_\_\_\_\_\_\_\_\_ Spouse/significant other: \_\_\_\_\_\_\_\_\_\_\_\_ Unemployment: \_\_\_\_\_\_\_\_\_\_\_\_

Food stamps: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security/SSI/SSD: \_\_\_\_\_\_\_\_\_\_\_\_ Loans/gifts: \_\_\_\_\_\_\_\_\_\_\_\_

Worker’s compensation: \_\_\_\_\_\_\_\_\_\_\_\_ Inheritance/trust: \_\_\_\_\_\_\_\_\_\_\_\_ Veteran’s benefits: \_\_\_\_\_\_\_\_\_\_\_\_

Child support: \_\_\_\_\_\_\_\_\_\_\_\_ Pension/retirement: \_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Total Gross Income:** \_\_\_\_\_\_\_\_\_\_\_\_

**Household Monthly Expenses** (not listed on pay stub)

All rent/mortgage: \_\_\_\_\_\_\_\_\_\_\_\_ All insurance (Auto, home and health): \_\_\_\_\_\_\_\_\_\_\_\_

Prescriptions: \_\_\_\_\_\_\_\_\_\_\_\_ Car payment: \_\_\_\_\_\_\_\_\_\_\_\_ Space rent: \_\_\_\_\_\_\_\_\_\_\_\_ Gas/fuel: \_\_\_\_\_\_\_\_\_\_\_

Home/rental insurance: \_\_\_\_\_\_\_\_\_\_\_\_ Food/groceries: \_\_\_\_\_\_\_\_\_\_\_\_ Child care: \_\_\_\_\_\_\_\_\_\_\_\_

Garnishments: \_\_\_\_\_\_\_\_\_\_\_\_ Child support: \_\_\_\_\_\_\_\_\_\_\_\_

Total utilities (Electricity, water and sewer: \_\_\_\_\_\_\_\_\_\_\_\_ Doctor/hospital bills: \_\_\_\_\_\_\_\_\_\_\_\_

**Total Monthly Expenses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Kootenai reserves the right to request additional information to determine eligibility for financial assistance.*

# Assets

**All business and personal bank accounts** (please use additional sheet if needed)

Checking account #: \_\_\_\_\_\_\_\_\_\_\_ Bank/financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current balance: \_\_\_\_\_\_\_\_\_\_

Checking account #: \_\_\_\_\_\_\_\_\_\_\_ Bank/financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current balance: \_\_\_\_\_\_\_\_\_\_

Savings account #: \_\_\_\_\_\_\_\_\_\_\_ Bank/financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current balance: \_\_\_\_\_\_\_\_\_\_\_

Savings account #: \_\_\_\_\_\_\_\_\_\_\_ Bank/financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current balance: \_\_\_\_\_\_\_\_\_\_\_

Stocks, CDs or trusts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current balance: \_\_\_\_\_\_\_\_\_\_\_

401(k), retirement, IRAs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current balance: \_\_\_\_\_\_\_\_\_\_\_

Life insurance cash value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/properties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Value Purchase date Amount owed

Land/rental properties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Value Purchase date Amount owed

Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Make Purchase date Amount owed Monthly payment

Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year Make Purchase date Amount owed Monthly payment

Recreational (Boat, RV, ATV, MC): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Make Purchase date Amount owed Monthly payment

Recreational (Boat, RV, ATV, MC): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Make Purchase date Amount owed Monthly payment

**I authorize Kootenai Health to verify the information that I have supplied on this statement to be true and to access credit information if needed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

*If you are approved for financial assistance, you will be required to set up a payment plan for any remaining balance.*