



Independence HEALTH SYSTEM

FINANCIAL ASSISTANCE APPLICATION

For Butler Memorial Hospital, Clarion Hospital, and Butler Medical Providers, Does not include BHS Fastercare

PATIENT NAME: _____

DATE OF SERVICE: _____

ACCOUNT NUMBER: _____

Listed below are the documents that are needed to complete your Financial Assistance Application. This application **MUST** be completed and returned within 30 days.

Please provide the following documents for everyone who lives in the household to verify income:

_____ 1040 TAX RETURN (MOST RECENTLY FILED) (FRONT PAGE OF FEDERAL INCOME TAX RETURN INCLUDES NUMBER OF DEPENDENTS CLAIMED)

_____ SOCIAL SECURITY BENEFITS FOR CURRENT YEAR (COPY OF BANK STATEMENT IF DIRECTLY DEPOSITED)

_____ UNEMPLOYMENT BENEFITS (COPY OF UEMPLOYMENT DETERMINATION NOTICE)

_____ PAYSTUB(S) LAST 30 DAYS

_____ PENSION (COPY OF BANK STATEMENT IF DIRECTLY DEPOSITED)

_____ DISABILITY/WORKERS COMPENSATION

_____ PROOF OF ANY OTHER SOURCES OF INCOME (ALIMONY, CHILD SUPPORT, RENTAL INCOME,

_____ IF YOU ARE SELF-EMPLOYED INCLUDE SCHEDULE C FROM YOUR 1040 TAX RETURN

_____ MEDICAL ASSISTANCE DETERMINATION LETTER

_____ MOST RECENT CHECKING AND/OR SAVINGS ACCOUNT STATEMENT TO INCLUDE ENDING BALANCE

_____ CERTIFICATE OF DEPOSIT (CD) STATEMENT

SIGNATURE _____

Please sign and return the form and documents as soon as possible to the address/email address below:

Independence Health System 724-284-4460 Mail application to Independence Health System, PO Box 37171, Baltimore, MD 21297 or email to pbdependence@ensemblehp.com

Please do not drop off applications in person.

For any other ancillary services or bills, please contact the phone number on the statement you receive