GUNNISON
VALLEY HEALTH

EXHIBIT C

Financial Assistance Application

FINANCIAL ASSISTANCE PROGRAM

Gunnison Valley Health (GVH) is committed to providing emergency and medically necessary care to patients who are uninsured or who have limited insurance (underinsured). You may qualify for financial assistance if you are unable to pay your bill, or if paying it would result in financial hardship.

GVH provides financial assistance to Gunnison, Hinsdale and Saguache County Residents.
Our Financial Assistance Program provides emergent or medically necessary services at discounted rates for patients who apply for financial assistance and who are qualified.

When applying for Financial Assistance and to expedite your request quickly, Gunnison Valley Health will require this application to be filled out along with minimal documentation outlined. This application mut be complete with accurate information within 14 days. If for any reason the information is not provided in a timely manner, your application may be denied, in which case you may be expected to pay your bill in full.

Given the sensitive nature of these requests, all communication with the patient or patient guarantor's will be managed in a confidential and compassionate manner.

Should you have any questions, feel free to contact us at 970-642-4790 for English, or 970-641-7207 for Spanish, or send an email at financialcounselor@gvh-colorado.org.

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COMPLETING THIS FORM IS NOT A GUARANTEE OF ELIGIBILITY

If you do not complete this application packet or if you return it without the requested supporting documentation, we may be unable to determine whether you qualify for our Financial Assistance Program. In that case, you will be responsible for the full balance due on your account.

If you need help in completing this form or gathering the supporting materials, please contact the Financial Counselor at 970-642-4790

To determine if you qualify for our Financial Assistance Program, please return the following supporting documentation with this completed packet:

- ✓ A copy of a photo ID (state driver's license/state ID) or other identification documents (employee ID card, etc.).
- ✓ Last year's Form 1040 federal income tax return, with all Forms W-2 and/or 1099.
- ✓ Last two weeks of paystubs with year-to-date totals, or last three months of paystubs without year-to-date totals (if paid in cash without paystubs, provide written verification from employer).
- ✓ Proof of income from all other sources such as disability income, rental income, pensions, annuities, interest payments, wage and earning statement from Social Security office
- ✓ If you are currently receiving Social Security benefits, a copy of your "benefit amount" letter,
- ✓ A copy of a current utility bill, telephone bill, or cable television bill from the residence at which you reside.
- ✓ If you are a student, a list of the current semester's credits/classes and a copy of your student ID.

NOTE: The name shown on the patient's photo ID must be the same name shown on paystubs and tax forms.

NOTE: Where parents of a minor patient are divorced or separated but share responsibility for the minor's medical care, each parent must complete a separate application.

Please return this completed application and the requested supporting documentation as soon as possible.
An application will not be reviewed until all required supporting documentation has been provided.

GUNNISON VALLEY HEALTH

FINANCIAL ASSISTANCE APPLICATION

(PLEASE PRINT – BE SURE TO PROVIDE ALL REQUESTED INFORMATION)

I. PERSONAL INFORMATION

Personal information of applicant (or parent if applicant is a minor):

Name_____ Date of Birth_____
Last First MI

Address_____
Street City State Zip Code

Living at Address Since_____ Phone # (_____) _____

List family members (including parents, patient, and natural or adoptive siblings) living at above address.

FAMILY MEMBER'S LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO PATIENT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

II. INSURANCE INFORMATION – please provide your most current insurance

	Applicant (or Parent if applicant is a Minor)	*APPLICANT'S SPOUSE (OPTIONAL)
Do you have health insurance? (Y/N)		
If yes, name of health insurance plan:		
Medicare? (Y/N)		
Medicare Part D? (Y/N)		
Medicare Supplement? (Y/N)		
Medicaid? (Y/N)		
Veteran's Benefits? (Y/N)		

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III. EMPLOYMENT AND INCOME INFORMATION

Employment information of APPLICANT (or parent, if applicant is a minor):

Employer_____Unemployed? (Y/N)_____Date of Unemployment_____

Business Address_____
Street City State Zip Code

Phone # (_____) _____ Does Employer Offer Health Insurance? (Y/N)___

Date of Hire_____

Student (Y/N)_____ Name of School_____ Number of Credits This Semester_____

Note: Do you have other source of income: (Yes/No), If yes, please explain_____

_____

_____

_____

Employment information of Spouse (Optional):

Unemployed? (Y/N)_____ Date of Unemployment_____

Spouse's Employer_____ Date of Hire_____

Business Address _____
Street City State Zip Code

Phone # (_____) _____ Does Employer Offer Health Insurance? (Y/N)_____

Occupation / Position_____

Student (Y/N)_____ Name of School_____Number of Credits This semester_____

Note: Do you have other source of income: (Yes/No), If yes, please explain_____

_____

_____

_____

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VII. CERTIFICATION

I certify that the information I have provided in this application and the required supporting documentation is true and correct to the best of my knowledge. I will apply for any federal, state or local assistance for which I may be eligible to help pay for my medical care. I understand that the information provided may be verified by Gunnison Valley Health, and I authorize Gunnison Valley Health to contact third parties to verify the accuracy of the information I have provided. I understand that, if I knowingly provide inaccurate or incomplete information in this application, I may be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of my medical bills.

Applicant's Signature _____Date of Request_____

Your completed application and supporting documentation may be submitted by:

- EMAIL : financialcounselor@gvh-colorado.org
- **MAIL:** 711 N Taylor St, Gunnison, CO, 81230 | Attn: Financial Counselor
- **IN PERSON:** Gunnison Valley Health – South Entrance 711 N Taylor St, Gunnison, CO 82130, Monday through Friday 8:00 am to 4:30 pm

- **QUESTIONS/CONTACT:** (970) 642-4790, Monday through Friday 8:00 am to 4:30 pm

***** To ensure timely processing, please be sure to include all the required information from the checklist on the first page of this application *****

Applicants will be notified within 15 business days after submission of a complete application with all required supporting documentation.