



557 W. WASHINGTON • BURNS, OR 97720 • 541-573-7281 • www.harneydh.com

**Sliding Fee Discount/Financial Assistance Application**

It is the policy of Harney District Hospital to provide essential services regardless of the patient’s ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the Financial Counselor to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this hospital, but not those services that are purchased from outside, including reference laboratory testing, drugs, and imaging study interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of Head of Household		Place of Employment		
Spouse		Place of Employment		
Address	City	State	Zip	Phone

**Please list spouse and dependents under age 18**

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

**Annual Household Income**

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income.				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
<b>Total Income</b>				

**NOTE: Copies of tax returns, pay stubs, bank statements, or other information verifying income is required before a discount is approved.**

**I certify that the family size and income information shown above is correct.**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID or other		
Income: Prior year tax return, three most recent paystubs, or other		
Insurance: Insurance Cards		

ATTENTION

Before you send this financial application back, please use the following checklist to make sure you have enclosed ALL of the necessary documentation. **Your application will not be processed without all of the supporting documentation.**

Documentation Check list	
	A copy of your Driver's license <u>and</u> a household bill
	Last Year's Tax Return (not W-2 forms). All pages please. If you are exempt from filing taxes, please explain why you are exempt.
	3 Month's of bank statements for each of your accounts (including your spouse). All pages of each statement are required.
	4 recent pay stubs (Including you and your spouse)
	Verification of any assistance you are receiving (such as Food Stamps, Energy Assistance, or Housing assistance.)
	A copy of the disability income for any member of the household (if applicable)
	A copy of the Social Security income letter for any member of the household (if applicable)
	Letters from any family for friends that are helping you with money or housing (this also includes any roommates)
	A written statement from you clearly explaining your current living and financial situation
	A copy of your health insurance, Oregon Health Plan, CCO insurance for anyone in your household (if applicable)

*"Household" includes the following people living in the same home: Guarantor; guarantor's spouse; guarantor's children, minor dependents and step children (including children living with grandparents) Note: housing, utility bills, etc. are all considered support.*

**Please contact our office with any questions or concerns at 541-573-8638**