



# FINANCIAL ASSISTANCE POLICY SUMMARY AND APPLICATION

Great River Health System understands there are situations when patients cannot pay for the services provided. If you need help paying for medical services, you may qualify for financial assistance from the health system.

### Where to apply and how to request a free copy:

- Online at [greatriverhealth.org](http://greatriverhealth.org)
- In person. Please return completed applications to one of these locations:
 

Great River Health System	Southeast Iowa Regional Medical Center
Patient Billing Department	Business Office
1221 S. Gear Ave.	5445 Avenue O
West Burlington, IA 52655	Fort Madison, IA 52627
- Request a mailed copy by calling 877-404-4763, option 2, or 319-376-1716.

### Who is eligible?

- Insured and uninsured patients receiving medically necessary or emergency care
- Patients whose household income is between 200% and 300% of the Federal Poverty Guidelines that are updated each year

### Note

Patients with no insurance who qualify for financial assistance cannot be charged more than the amount generally billed to patients who have insurance

### How to apply

- Complete and sign all sections of the Financial Assistance Application on the back of this summary.
- Provide this information:
  - Paycheck stubs from the last two months for everyone living in your household above age 18 (excluding high school students)
  - Social Security income. You can use a copy of your most-recent check, bank statement or benefits letter.
  - Most-recent state and federal income tax forms
  - If you are unemployed: state unemployment claims AND final paycheck stub from your last job
  - Denial letter from the Department of Human Services

### Services covered

All inpatient services	Heart & Vascular Center	Occupational Health	QuickCare
Cancer Treatment	Home Health	Ophthalmology	Radiology
Cardiac Rehabilitation	Hospice	Orthopedics	Respiratory Care
Cardiology	Internal Medicine	Otolaryngology	Sleep Disorders
Day Hospital	Laboratory	Palliative Care	Speech Therapy
Dermatology	Medicine Specialists	Pediatrics	Surgical Services
Diagnostic Imaging	Mental Health	Physical Therapy	Urology
Digestive Health	Nephrology	Podiatry	Walk-In Clinic
Emergency Care	Neurology	Psychiatry	Women's Health
Family Medicine	Nursery	Pulmonary Rehabilitation	Wound
Gynecology	Obstetrics	Pulmonology	

# FINANCIAL ASSISTANCE APPLICATION



## Patient Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 SSN (optional) \_\_\_\_\_

## Responsible Party Information (if different from patient)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 SSN (optional) \_\_\_\_\_

## Spouse of Responsible Party Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 SSN (optional) \_\_\_\_\_

## Family Members in Household

Name	Date of Birth	Relationship

## Income

Source	Amount Received	How Often Received	Person Receiving
Employment Income			
Employment Income			
Social Security			
Child Support/Alimony			
Pension/Unemployment			
Other (Explain)			

Please describe your personal situation and your reasons for requesting assistance. This may include but not be limited to your monthly expenses such as mortgage, child support, alimony and loans.


If your financial assistance application is showing no income at all, please describe how you provide for your everyday living expenses such as housing, food and clothing.


**I hereby acknowledge that the information given to Great River Health System is true and correct to the best of my knowledge. I hereby authorize Great River Health System to verify this information.**

Responsible party signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_