**Financial Assistance Application**

Kootenai Health, Kootenai Clinics, Kootenai Heart Clinics Northwest, Kootenai Imaging, Western Medical Association and St. Mary’s Clearwater Valley Hospital and Clinics.

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

**Mailed to: OR Mailed to:**

Clearwater Valley Hospital/Clinics St. Mary’s Hospital/Clinics

301 Cedar PO Box 137

Orofino, ID 83544 701Lewiston St.

Cottonwood, ID 83522

**OR** you can drop it off at either hospital or clinics.

In order to process your application, the following information (if applicable) is required for

**ALL MEMBERS OF THE HOUSEHOLD:** (this includes individuals residing together who have consented to an arrangement similar to the ties of blood or marriage).

*Do not send originals and please no staples*

* Current, Valid Picture I.D.
* The patient’s most recent filed Federal Tax Return with **all** schedules. If unable to provide the tax return, alternate documents may be substituted: Supporting W-2’s **and/or** or 1099 statements and a broker’s statement from the IRS.
* 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) | \*Stocks and bonds |
| \*Vehicles | \*Life insurance with cash value |
| \*Assets available through a family or other Trust | |

Please contact Financial Services Counseling at 208-476-4555 or 208-962-3251 if you have any questions. CVHC Fax 208-476-5385, SMH Fax 208-962-2478.

*\*We use the Federal Poverty Guidelines when determining eligibility*

Medical bills you wish to be considered for assistance:

Provider Name Date of Service Account Number Amount Owed

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Revised: 04/2020