GOOD SHEPHERD
HEALTH CARE SYSTEM

610 N.W. 11TH
HERMISTON, OR 97838
(541) 667-3400

FINANCIAL ASSISTANCE APPLICATION AND APPROVAL FORM

DATE _____ ACCOUNT NUMBER _____

Due to the financial hardships that medical bills occasionally cause for our patients, Good Shepherd has developed a charity care program that may provide relief from the stress associated with medical bills. To be considered for charity care we must have the following:

1. **Most recent Federal Tax Returns (along with any Schedule forms filed)**
2. **Most recent payroll check stub**
3. **Most recent bank statement**
4. **Other income verification (unemployment, food stamps) if applicable**

Please return the completed charity care application including the required documentation at your earliest convenience. Upon receipt of the application, we will review it and notify you regarding eligibility. **Please note that incomplete or late applications may result in disqualification for the charity care program.**

PATIENT NAME			SOCIAL SECURITY NUMBER
GUARANTOR NAME	RELATION	PHONE #	HH Size
NAME OF THOSE EMPLOYED IN HOUSEHOLD	HOUSEHOLD INCOME	PERSON 1	PERSON 2
PERSON 1:	GROSS MONTHLY WAGES		
PERSON 2:	SOCIAL SECURITY		
PERSON 3:	OTHER INCOME		

I certify that the information I have provided is true to the best of my knowledge. I give permission to Good Shepherd to verify the above information. I understand that any falsified information will result in disqualification for charity care.

X _____
GUARANTOR SIGNATURE

INTERNAL HOSPITAL USE ONLY

INCOME VERIFICATION		ACCOUNT INFORMATION	Bill #	APPROVAL PROCESS	
1040/W2		ACCT #		APPROVED	
PAYSTUB		CUR BALANCE		DENIED	
OTHER		DISCOUNT		DIRECTOR SIGNATURE	
TOTAL		NEW BALANCE		APPROVAL DATE	

HH Size	Income	100%	90%	80%	70%	60%	50%	42% (AGB)	0%
1	From	0$	$24,121	$27,739	$30,875	$33,528	$34,734	$35,457	Over
	To	$24,120	$27,738	$30,874	$33,527	$34,733	$35,456	$36,180	Income
2	From	$0	$32,481	$37,353	$41,575	$45,148	$46,772	$47,747	Over
	To	$32,480	$37,352	$41,574	$45,147	$46,771	$47,746	$48,720	Income
3	From	$0	$40,841	$46,967	$52,276	$56,769	$58,811	$60,036	Over
	To	$40,840	$46,966	$52,275	$56,768	$58,810	$60,035	$61,260	Income
4	From	$0	$49,201	$56,581	$62,977	$68,389	$70,849	$72,325	Over
	To	$49,200	$56,580	$62,976	$68,388	$70,848	$72,324	$73,800	Income
5	From	$0	$57,561	$66,195	$73,678				Over
	To	$57,560	$66,194	$73,677	$80,000				Income
6	From	$0	$65,921	$75,809					Over
	To	$65,920	$75,808	$80,000					Income
7	From	$0	$74,281						Over
	To	$74,280	$80,000						Income
8	From	$0							Over
	To	$80,000							Income
9	From	$0							Over
	To	$80,000							Income
10	From	$0							Over
	To	$80,000							Income