

610 N.W. 11 ${ }^{\text {TH }}$
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) <br> 2. Most recent payroll check stub <br> 3. Most recent bank statement <br> 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.


