



Dear Patient:

Thank you for choosing Northwestern Medical Center for your health care needs. If payment of your medical bills creates a financial hardship for you, we will work with you to apply for financial assistance. All other potential payment sources will need to be explored first, such as insurance, Government programs, etc.

Please answer all questions on the application completely – indicate “zero” or “does not apply” where appropriate. Applications that are incomplete or do not have appropriate proof of income will be returned requesting additional information.

Please list your spouse or domestic partner and all tax dependents. If you don't file taxes, please list the people who would be your tax dependents if you filed.

We need proof of your income. Please give us a copy of your most recent federal tax return. If you do not file taxes or it does not reflect your current income, you can give us another document as proof. For example: A recent paystub showing your year-to-date totals, a W2, unemployment statements, notices of security retirement benefits, a profit and loss statement, etc.

We will notify you of our decision within 30 days of receipt of a complete application. If you have any questions regarding this process, please contact us at (802)524-1048.

***All personal information submitted will be held in strictest confidence.**

Sincerely,

Customer Service (802)524-1048

Patient Financial Services

133 Fairfield Street Attn: Patient Financial Service Department
Saint Albans, VT 05478

**NORTHWESTERN MEDICAL CENTER
REQUEST FOR FINANCIAL ASSISTANCE**

Patient Information

Name _____

Mailing Address _____

Daytime Phone _____

Spouse / Domestic Partner

Name _____

Mailing Address *(if different than above)* _____

Daytime Phone _____

Employer _____

Social Security Number _____

Tax Dependents

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

* If you don't file taxes, please list the people who would be your tax dependents if you filed

**PLEASE COMPLETE THE FINANCIAL DISCLOSURE WORKSHEETS AND ENCLOSE THE
SUPPORTING DOCUMENTATION DESCRIBED ABOVE**

Signature of Patient / Guarantor _____

**NORTHWESTERN MEDICAL CENTER
REQUEST FOR FINANCIAL ASSISTANCE**

Print Name of Person Completing this Application _____

Date _____

Monthly Household Income

Gross Salary Salaries / Wages / Tips \$ _____

Business Income / Farm Income \$ _____

Capital Gain / other gains (or loss) \$ _____

Taxable Social Security Payments Received \$ _____

Taxable Pension / Taxable Retirement Payments Received \$ _____

Taxable Interest Income \$ _____

Ordinary Dividends \$ _____

Unemployment Income \$ _____

Rental Income \$ _____

Alimony \$ _____

(received under settlements executed before 2019) Settlement Date: _____

Rental Real Estate Income \$ _____

Other Income (please describe): \$ _____

Total Monthly Gross Income \$ _____

Expenses

Mortgage / Rent \$ _____

Property Taxes \$ _____

Auto Loans \$ _____

Credit Card Payments \$ _____

Utilities \$ _____

Child Support / Alimony \$ _____

Insurance (Auto, Home, Health, etc.) \$ _____

Medical Expenses \$ _____

Other Living Expenses \$ _____

(Telephone, Heat, Food, Gas, Water, Rubbish, etc.) \$ _____

Other (please describe): \$ _____

**NORTHWESTERN MEDICAL CENTER
REQUEST FOR FINANCIAL ASSISTANCE**

Total Monthly Expenses \$ _____

Total Monthly Gross Household Income \$ _____
(monthly income minus monthly expenses)

Liquid Assets

Balance in Checking Accounts \$ _____

Balance in Savings Accounts \$ _____

CDs \$ _____

Stocks \$ _____

Market Value of Real Estate (other than primary residence) \$ _____

Market Value of Recreational Autos \$ _____

Other Liquid Assets (please describe): \$ _____

Total Assets \$ _____

Liabilities

Outstanding Balance on Credit Cards \$ _____

Outstanding Balance on Auto Loans \$ _____

Outstanding Balance on Real Estate Loans
(excluding primary residence) \$ _____

Other Debt (please describe): \$ _____

Total Liabilities \$ _____

Net Worth (total assets minus total liability) \$ _____