Dear Patient:

Thank you for choosing Northwestern Medical Center for your health care needs. If payment of your medical bills would create 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. We may require that you apply for Medicaid.

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.
The following proof of income is requested:

- Most recently completed federal tax return
- Copies of Social Security checks or documentation from Social Security of your benefits
- A bank statement showing direct deposits of retirement or Social Security benefits.
- Proof of Child Support paid or received

We will notify you of our decision within 15 days of receipt of a complete application. If you have any further questions regarding this process, please contact me at
(802) 524-1006.

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

Sincerely,

Bryan Kiernan
Financial Counselor
Northwestern Medical Center
133 Fairfield Street
St Albans, VT 05478

NORTHWESTERN MEDICAL CENTER
REQUEST FOR FINANCIAL ASSISTANCE

PATIENT INFORMATION

Name ______________________________

Mailing Address ______________________________

Daytime Phone ______________________________

GUARANTOR/SPOUSE

Name ______________________________

Mailing Address (if different than above) ______________________________

Daytime Phone ______________________________

Employer ______________________________

Social Security Number ______________________________

NAME AND AGES OF PEOPLE PATIENT/GUARANTOR/SPOUSE ARE FINANCIALLY RESPONSIBLE FOR:

Name ______________________ Age ____________

Name ______________________ Age ____________

Name ______________________ Age ____________

Name ______________________ Age ____________

PLEASE COMPLETE THE ATTACHED FINANCIAL DISCLOSURE WORKSHEETS AND ENCLOSE THE SUPPORTING DOCUMENTATION DESCRIBED IN THE ATTACHED LETTER

I affirm that all information provided on this application is accurate to the best of my knowledge. I authorize Northwestern Medical Center to verify employment, and all financial information provided herein to determine eligibility for financial assistance.

Signature of Patient or Guarantor ______________________________

Print Name of Person Completing this Application ______________________________

Date ______________________________

Please return to Bryan Kiernan

MONTHLY HOUSEHOLD NET INCOME

Income

Gross salaries/wages/tips	$ ______
Social security payments received	______
Pension or retirement payments received	______
Interest income	______
Dividend income	______
Unemployment/workers' compensation payments received	______
Rental income	______
Child support/alimony payments received	______
Other (describe):	
______	______
______	______
Total Monthly Income	$ ______

Expenses

Mortgage/rent	$ ______
Property taxes	______
Auto loans	______
Credit card payments	______
Utilities	______
Child support/alimony	______
Insurance--auto, home, health	______
Medical expenses	______
Other living expenses--telephone, heat,food,gas,water,sewer,rubbish	______
Other (describe):	
______	______
______	______
Total Monthly Expenses	$ ______

TOTAL MONTHLY HOUSEHOLD NET INCOME
(monthly income minus monthly expenses) $ ______

PATIENT NAME ______________________________

NET WORTH

Assets

Balance in checking accounts	$ ________
Balance in savings accounts	________
CDs	________
Stocks	________
IRAs, 401ks, and other retirement funds	________
Market value of real estate (other than primary residence)	________
Market value of autos	________
Other assets (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 (describe):	
________________	________
________________	________
________________	________
Total Liabilities	$ ________
NET WORTH (total assets minus total liabilities)	$ ________