

Please explain any situation we should be informed of to understand your inability to pay your medical balances or use for explaining why you cannot get the information/verifications required. You may attach a separate sheet if more space is needed.

****Copies of Tax Returns from the previous year and/or other information verifying income is required before a discount will be approved. Also, we will need proof of address (Drivers Lic., ID, Utility Bill, etc.). Application cannot be approved unless all required documentation is submitted with the application!**

I certify that the household size and household income information shown above is correct.

NAME (Print): _____ SIGNATURE: _____ DATE: _____

If you have any questions about the program, you can call Heather @ 435-587-1167. Once completed, the form and supporting documentation can be returned to the clinic, the hospital front desk, faxed to: 435-587-2061, emailed to: hstocks@sanjuanhealth.org, or mailed to: Attention Heather: P.O. Box 308 Monticello UT, 84535.

It is the policy of San Juan Health to provide essential services regardless of the patient's ability to pay. Discounts are offered based on household size and gross annual income. Please complete the following information and return to Access Management to determine if you and members of your household are eligible for a discount. **Please remember to include copies of your insurance cards (if any), and income information when you return this form, as discounts are determined according to the federal poverty guidelines.**

****The discount will apply to applicable services received at San Juan Health, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray reading by a consulting radiologist, elective surgeries, colonoscopies, and other such services. This form must be completed each year or if your insurance status or financial situation changes by more than \$250 a month.**

OFFICE USE ONLY

Approved Discount: _____ Visit Payment: _____ Date Completed: _____

Approved By: _____ Date Eligibility Letter Sent: _____

VERIFICATION CHECKLIST	YES	NO
Identification/Address: Driver's License, Utility Bill, other ID		
Income: Prior year Tax Return, Three most recent paystubs or other income		
Insurance: Insurance Cards		