Dear Applicant,

The following forms will be used with your application for the Southwest Health System's Financial Assistance Program (FAP). Supporting documentation to verify financial status and household size is required. Attached is a detailed list of documents we require to be able to process your application. If an item does not apply to you write "n/a".

Applications that are incomplete will not be processed. Applications are time sensitive. Incomplete applications may render your account ineligible for financial assistance.

The basis of financial assistance is the truthful and accurate provision and submission of financial information from the applicant and/or responsible party (ies). Applicant and/or responsible party (ies) who intentionally misrepresent their household information will be automatically disqualified from any consideration whatsoever with regard to financial assistance programs. Intentional misrepresentation determination is the sole right of Southwest Health System, Inc.

1. **Fill out the following application completely**
2. **Gather all applicable supporting documentation**
3. **Call for an appointment**

You can contact our Financial Assistance Offices to schedule an appointment:

- **Call: 970-564-2131 or**
- **Email: financialassistance@swhealth.org**

Thank you,

Southwest Health System, Inc.
Patient Financial Services
1311 N Mildred Rd
Cortez, CO 81321

Applicant

Last Name	First Name	Middle Initial

Physical Address	City	State	Zip

Mailing Address (if different)	City	State	Zip

Primary Phone #	Primary Health Insurance	Other Health Insurance

Fill out the below for each household member

Relationship to the Applicant	Last Name	First Name	MI	Birth Date (MM/DD/YYYY)	Is this person a full-time student? (Y or N)	Is this person applying for Financial Assistance? (Y or N)	Provide Medicaid Number if this person currently has Medicaid
SELF							

The following documentation is required when applying for FAP. Please bring an original of the documents listed below to your appointment. If something does not apply write "n/a".

INCOME

- ☐One (1) month most recent, consecutive paycheck stubs OR a statement from the employer
  - ☐ If you provide a statement from the employer, the statement must include the employer name, address, phone number, hire date, rate of pay and average hours worked per week
- ☐If Self Employed: Last full month Profit and Loss Statement and one (1) month gross deposits in relation to the Profit and Loss Statement or Most Current Federal Tax Return
- ☐Unemployment Compensation or Workers Compensation statements
- ☐Old Age Pension (OAP) benefit statements
- ☐Disability compensation statements (i.e. SSI, SSDI, Other)
- ☐Social Security Income (Award Letter)
- ☐Retirement and Pension benefits (yearly benefit statements)
- ☐Court-Ordered Alimony Received
- ☐Trust Accounts
- ☐Rental Property
- ☐Veterans Affairs (VA) Benefits
- ☐If you have no income, and someone is supporting you, they must write a letter including their printed name, address, phone number and signature stating the type of support that is being provided

EXPENSES

- ☐Child Support paid for the most current full month
- ☐Alimony paid for the most current full month
- ☐Day Care and Elder Care paid for the most current full month
- ☐Health Insurance Premiums (monthly statement)
- ☐It is optional for you to bring bills you paid for medical, dental, vision and pharmacy services. The date of service on your bills can be no older than 365 days. The bills must include the provider name, address, phone number, date of service and any payments applied

OTHER INFORMATION REQUIRED

- ☐Medicare, Medicaid, CHP+ and other Health Insurance Cards
- ☐Driver's License or other Identification for each member of the household over the age of 18 applying for financial assistance

****The above list may not be all inclusive of documentation required in order to complete your application.**