

2187 North Vickey Street Flagstaff, AZ 86004 (928) 527-1899

## FINANCIAL ASSISTANCE APPLICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION

- Completed and signed application
- Complete copy of signed prior year federal tax returns (if filed)
- AHCCCS determination letter (<u>valid denial or acceptance</u>, <u>you must go through the complete process</u>) or funded program for your individual state, i.e. Medicaid or Medicare. \*\*Not required for this application, but will be required during review.

Proof of total household (18 years of age or older, or 24 years or older for full time students) income which as defined below:

- 3 months of personal bank statements (all accounts)
- If employed, 3 consecutive months of check stubs or a letter from you Human Resources Dept. If self-employed, a copy of the federal tax form schedule C
- If unemployed, copies of Unemployment payments or statement for means of support
- A copy of the SSA 1099 form if retired and/or on Social Security
- Copy of any pension benefit letters

If you have any questions please call 928-527-1899, incomplete applications will be returned.

Revised: 11/7/2022

## Financial Assistance Application

## PATIENT INFORMATION

Patient Name:			Social Security #:		
	Last	First	M I		otional)
Address:					
	Street Address			Apartn	nent/Unit #
	City		State	ZIP Co	ode
Phone:		Requestor & Relationship to Patient			
		SPOUSE/GUARANTOR IN	FORMATION		
Spouse/ Guarantor Info:			Social Security		
	Last	First	M I	(op	tional)
Address:					
	Street Address			Apartn	nent/Unit #
	City		State	ZIP Code	
Phone:		Relationship to Patient			
		HOUSEHOLD INFORT	MATION		
List all me	mbers of your l	nousehold and indicate if they are		ber to in	clude yourself
Name		Relationship to Patient		Age	Dependent
					□Yes □No
					□Yes □No
					□Yes □No
					□ Yes □ No
					□ Yes □ No
				ļ	□ Yes □ No

		□ Yes □ No		
•		□Yes □No		
The information provided is accurate and complete to the best of my knowledge. I authorize The Gudance Center (TGC) to person(s) or organization(s) necessary to validate the statements made within this application and authorize said person or or release financial information to TGC.				
	Signature Date			