

Financial Assistance Check List

Guarantor's Name & MR#: _____

Patient's Name & MR#: _____

Patient Account Number: _____

The following information must be received for consideration to qualify for financial assistance:

- Proof of Physical address(at least 2 of the following: current and previous month's utility, water, trash, or rent/mortgage)
- Income Tax Return and completed IRS Form 4506 (**mandatory**)
- Credit Report (**mandatory**)
- IRS for W-2
- Paycheck Stubs (last 90 days)
- Bank Statements (savings and checking) (last 90 days)
- Signed attestation to income (**mandatory**)
- If no income documentation is available, a notarized letter, identifying how you are financially surviving is required (**mandatory**)
- Liquid Asset documentation for the last 120 days
- Copy of denial letter from SRS, if applicable
- Copy of the original Social Security Card (**mandatory**)
- Copy of valid current phot identification card (**mandatory**)
- Affidavid of Non-Filing Tax Form
- Poverty Guidelines

Completed by: _____

Reviewed by: _____

After SWMC employee works this Financial Assistance application, puts notes into the system regarding approval or denial of application, paperwork should be given to SWMC employees supervisor. After supervisor review, paperwork will be forwarded to the Patient Financial Services Director for final review before forwarding to administration.