

Do you file a federal tax return annually? Yes No

I have a lawsuit, settlement, personal injury, or liability claim pending on Account # _____
 Yes No If Yes, provide details _____

I have applied for Medicaid or other governmental program(s):
 Yes No If Yes, provide details _____

I certify under the penalty of perjury that all of the information provided as part of this Financial Assistance application is true and accurate. I understand that the information supplied in this application is subject to verification by Hendricks Regional Health and hereby authorize any holder of information supplied in this application to release such information to Hendricks Regional Health for purposes of this application. I further understand that failure to disclose information requested in this application or disclosure of erroneous information will cause the application to be denied. I also agree to apply for state of federal assistance prior to an award of financial assistance, if applicable. If I am entitled to any action against or settlement from third party payers, I will take any action necessary or requested by Hendricks Regional Health to take such action and will assign to Hendricks Regional Health, all amounts recovered up to the total amount of the outstanding balance on my bill.

Applicant Signature

Date

Relationship to Patient (if not patient)

REQUIRED DOCUMENTATION

Along with your Financial Assistance Application, we need **copies** of the following documents (if applicable). **Please include documents for all household members listed above.**

- Prior year's federal income tax returns (including Schedule C or E if you are self-employed)
- Prior year's W-2s or 1099s
- Most recent statements from all checking and savings accounts (include all pages)
- Most recent two (2) months of pay stubs (or statement from employer documenting earned wages)
- This year's Social Security/Disability Benefit letter
- Unemployment Statement
- Copy of child support order

Have you attached all of the documents listed above? This helps our team process your application in a more timely manner.

Mail application and documents to:
Patient Financial Services
Hendricks Regional Health
PO Box 409
Danville, IN 46122

OR drop them off at:
Patient Financial Services (East Entrance of Hospital)
1000 East Main Street
Danville, IN 46122