

FINANCIAL HARDSHIP APPLICATION
FOR PRO BONO OR WAIVER OF COPAY/DEDUCTIBLE

The client will need to complete a financial disclosure form and provide documentation of proof of income. Appropriate financial documentation of financial hardship would be one or more of the following:

1. Documented proof that client is at or below 200% of the current federal poverty guidelines (see attachment for current guidelines). This can include documents such as:

- Most recent IRS tax forms (1040 and/or W-2) (Must be signed)
- Check stubs for the past 30 days for all persons employed in the home.
- Unemployment check stubs for the past 30 days
- Proof of all other income received in the past 30 days.
- Proof of all outstanding bills (payment stubs, cancelled checks, etc.)
- DSHS Denial letter
- Medicaid forms or card

2. Documentation that Client has other circumstances that indicate financial hardship can include:

- a. proof of bankruptcy discharge
- b. proof of other catastrophic situations (death or disability in family, divorce)
- c. any other documentation that shows that client would be unable to pay medical bill and still be able to pay for other basic necessary expenses.

Please provide the following information so we may complete your application:

- Any and all relevant sources from section 1 above.
- Driver's license or identification card for adults in the household
- Attached financial statement (completely filled out and signed)

Please be sure to sign the attached financial statement. Your request will NOT be processed if this is not signed. Please return all items (as applicable) on this checklist (in person or by mail).

Income shall be annualized from the date of request based on documentation provided and upon verbal information provided by the client. The annualization process will also take into consideration seasonal employment and temporary increases and/or decreases to income.

Any denial of "financial hardship" discount request will be written and will include instructions for reconsideration. If additional documentation of financial need is received to support charity care, the request will be reviewed and considered per the above guidelines.

Completion of this application does not mean your request will be granted or that you will be relieve of financial responsibility.

All information relating to financial hardship requests will be kept confidential.

Approval Guidelines

Category #1: At or Below 200% of the Federal Poverty Guidelines If your income is at or below 200% of the Federal Poverty Guidelines you will automatically be considered for either pro bono (free) or reduced fee services depending on income, financial situation level of care being provided.

Category #2: Above 200% of the Federal Poverty Guidelines If your income is above 200% of the Federal Poverty Guidelines we will review your financial situation for a reduced fee depending on income, financial situation and level of care being provided.

FINANCIAL STATEMENT & APPLICATION

CLIENT'S NAME: _____

DATE(S) OF SERVICE: _____

NAME OF RESPONSIBLE PARTY: _____

RELATIONSHIP TO CLIENT: _____

SPOUSES NAME: _____

TELEPHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

NUMBER OF FAMILY MEMBERS (LIVING IN HOUSEHOLD): _____

If the Client is a minor or NOT the responsible party, please complete the information for the responsible party.

CLIENT'S EMPLOYER: _____

CLIENT'S WORK ADDRESS:

IF UNEMPLOYED, HOW LONG?: _____

SPOUSE'S EMPLOYER: _____

SPOUSE'S WORK ADDRESS:

IF UNEMPLOYED, HOW LONG?: _____

OTHER FAMILY MEMBER'S EMPLOYER(S):

(INCLUDE MEMBER NAME, EMPLOYER & ADDRESS)

DO NOT WRITE BELOW THIS LINE - FOR OFFICE PERSONNEL USE ONLY

This document was received on _____ (date)

by _____ (Name/Title)

Approved by _____

(signature of provider/practitioner or office manager)

FINANCIAL GUIDELINES

Financial Hardship Discount Information Needed. U.S. Department of Health & Human Services (HHS) Poverty Guidelines-Used to determine financial hardship based on income.

HHS POVERTY GUIDELINES FOR 2023

The 2023 poverty guidelines are in effect as of January 19, 2023. Federal Register notice forthcoming. Publication is delayed due to the temporary closure of federal offices.

ANNUAL POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$5,140 for each additional person.	