



## FINANCIAL ASSISTANCE APPLICATION CHECKLIST

**Please include all documents as requested on the form. (If you have a significant other or spouse, please include theirs as well)**

- If uninsured, documentation of denial for Medicaid.
- Copy(s) of ID and Social Security Card (s)
- Proof of Income (**Copies of pay stubs for the past 3 months** or a letter from your Employer).
- W-2 and Copy of most recent Tax returns. **ALL PAGES**
- Bank statements for the past 3 months **FOR ALL BANK ACCOUNTS AND ALL PAGES.**
- Income verification for Social Security, Unemployment, Disability, or any Government Benefits are being received.
- If unemployed and have no source of income, please send a detailed letter from person providing you with free room and board. (They will **not** be responsible for your bill.)
- If there is anything you are unable to provide, please write a detailed explanation of why you are unable to provide the information and sign and date.
- Please provide all medical bills for the last **12 months**, paid or unpaid.
- If you have an attorney, please provide name, address, phone number and case number, also provide the reason for representation, i.e. motor vehicle accident, workers compensation, etc.

Your financial application will not be evaluated if the requested information is not provided and/ or the financial application is not thoroughly completed. If you have any questions about this correspondence, please do not hesitate to contact us at **775-770-3704**.

We are available to assist you between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday.

Return completed forms and income validation to:

Saint Mary's Regional Medical Center

235 West 6th Street

Reno, NV 89503

**Attn: Business Office/Financial Assistance Applications**

Sincerely,

Saint Mary's Regional Medical Center