



«Last_Name», «First_Name»	DOB: «Birth_Date»
MR#: «Medical_Record_Number»	VISIT ID#: «Visit_ID»
SEX: AGE: «Age»	HSV: «Service_Code»
ADMIT: «Admit_Date»	RM/BED:

APPLICATION FOR FINANCIAL ASSISTANCE

As provided for in the Waverly Health Center Financial Assistance Program, I hereby request Waverly Health Center (WHC) to make a written determination of my eligibility for Financial Assistance for services provided at Waverly Health Center. I understand that any information which I submit is subject to verification by Waverly Health Center. I also understand that if the information which I submit is determined to be false, such a determination would result in excluding the services provided as Financial Assistance, and I would be liable for the cost of these services.

This assistance is income based. Please provide the following documentation for the Financial Assistance Application:

1. A completed application signed and dated. Please complete all the sections on the form that pertain to you.
2. A copy of the last 3 pay stubs for each working applicant.
3. A copy of the last 3 months of bank statements.
3. A copy of the prior year Federal Income Tax return. (If you did not file taxes, please note this on the application.)
4. A copy of child support documentation (divorce decree or child support agreement).
5. If you have any of the other income sources that are listed, please complete that section and provide the supporting documents requested.

If in reviewing your income documentation, it is found that you may qualify for Medicaid, you will need to apply for Medicaid as all assistance options must be exhausted before applying for financial assistance. You can either fill out the paper application or you can apply online at <https://hhservices.iowa.gov>. Typically, you will get a quicker response if you apply online.

The Patient Financial Counselor at Waverly Health Center will contact you if you may qualify for Medicaid and will request a copy of the Notice of Action letter that the Iowa Department of Human Services will send you. This letter will state if you have been approved or denied for Medicaid. You may email documentation to FinancialAssist@WaverlyHealthCenter.org or fax 319-245-3550.

Questions: *If you have any questions about the Financial Assistance Application or need further assistance, please call the Patient Financial Counselor at (319) 352-4928.*



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APPLICATION FOR FINANCIAL ASSISTANCE

FinancialAssist@WaverlyHealthCenter.org

***Your application will not be accepted if there is incomplete or missing information.
If you need more space, please use the back of this page or include additional paper.***

Applicant's Information

Applicant Name: _____ Date of Birth: _____

Marital Status: _____ Contact Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you own your home? _____

Name(s) of Spouse and Additional Dependents	Date of Birth	Relationship	Claim on Taxes?

Employment Information for Applicant

Employed _____ Self-Employed _____ Retired _____ Disabled _____ Unemployed _____ Other _____

Employer Name _____ City and State _____

How long have you worked there? _____ Are you paid hourly, salaried, or commission? _____

How many hours a week do you work? _____ How often are you paid? _____

What is your pay rate? _____

Employment Information for Spouse

Employed _____ Self-Employed _____ Retired _____ Disabled _____ Unemployed _____ Other _____

Employer Name _____ City and State _____

How long have you worked there? _____ Are you paid hourly, salaried, or commission? _____

How many hours a week do you work? _____ How often are you paid? _____

What is your pay rate? _____

Other Employment Information

Does anyone else on this application have income to report? Yes _____ No _____

If so, please include it on the next page under other information.

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Income Source (show amount for each time you receive a payment) All applicants	Applicant	Spouse	Documentation Required (include all for each income source that you have)	For Office Use Only
Wages (before taxes and deductions)			Most recent pay stub, last tax return, and last 3 bank statements	
Self-Employed (estimate monthly income)			Forms 1040 or 1040 SR, tax schedules SE, C, or F (for farmers) and K-1 (for partnerships) or 1099; 3- month bank statements for business account	
Social Security (before deductions)			Annual Social Security notice; 3-month bank statements; taxes if filed	
Pension/Disability (before taxes)			Pension/Disability award letter or payment notice; 3- month bank statements and taxes if filed or 1099	
Rental Income			Tax schedule E; 3-month bank statements for business account	
Unemployment (before taxes)			Unemployment letter, last pay stub, last year's taxes, 3-month bank statements	
Worker's Compensation			Workers Compensation letter and payment notice, last year's taxes, 3-month bank statements	
Child Support			Divorce Degree/Child Support Agreement	
Other: please describe				

OTHER INFORMATION:

By signing this form, I agree that:

- The information in this form is correct. It is against the law to give false information.
- Waverly Health Center may confirm the information in this form and/or get a credit report.
- Form must be signed and dated.

Application Date

Applicant Signature

Spouse Signature