



Dear Sir/Madam:

In some instances we are able to provide financial assistance to some of our patients. Enclosed, you will find a financial worksheet. Please take some time to complete all questions on the worksheet to be approved for additional charity on your current accounts.

Depending on your situation, please also include a copy of the following items that apply to determine if you qualify and submit to the address below:

- 2017 tax return
- Social Security letter
- Unemployment Benefit letter
- Last 3 months pay stubs
- Last 3 months bank statements
- Letter stating you, and or your spouse are unemployed or self-employed
- Proof of any income received within the last 3 months
- Proof of all retirement accounts including IRA, 401k, pensions, annuities, etc.

Applications returned without at least one of these items will not be processed.

Please feel free to contact us should you have any questions regarding your account(s) at the number listed below.

Sincerely,

UCHealth
Financial Counseling Services 1024
Central Park Drive Steamboat
Springs, CO 80487 970-879-1322

University of Colorado Health
Financial Worksheet

Name of Patient _____ Name of Guarantor _____

Patient SSN _____ Guarantor SSN _____

Address _____
Street Apt# City State Zip Code

Home Phone _____ Work Phone _____

Patients Employer _____

Guarantors (spouses) Employer _____

OFFICE USE ONLY - DO NOT COMPLETE

Patients last three months of income (GROSS)*

Guarantors (Spouses) last three months of income (GROSS)*

Total earned income * _____

Checklist

Please include copies of all that apply

- Last 3 Months Pay stubs
- 2017 Tax return
- Unemployment Letter
- Social Security Letter

Insurance card copy if eligible
Medicaid _____

CICP _____

MRN# _____

List the names of family members that live in your household

Name	Date of Birth	Social Security Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

***Income from all sources: Job, unemployment, social security, alimony, old age pension, pension plan commissions, tips, child support, trust accounts, rental income, interest and other income.**

Resources

Resources	Info	Value
Savings/Checking Account	Bank:	\$
Stocks, Bonds, CD's, Money Market Accts		\$
Other Assets (IRA, 401K, trust account, pension, annuity, revocable life insurance policy) Do not list your home or vehicles		\$
		\$
		\$

Monthly Expenses

Expenses		Monthly Payments
Rent/Mortgage		\$
Electricity and Gas		\$
Water, Sewer and Trash		\$
Telephone		\$
Auto and Home insurance		\$
Child support/ Alimony		\$
Groceries/Toiletries		\$
Physician balance due		\$
Pharmacy		\$
Health insurance expenses		\$
Other expense (list)		

Comments:

X _____
Signature

X _____
Date

This information on this worksheet is warranted by the undersigned to complete and accurate.
The undersigned does hereby consent to allow UCHealth to verification(s) of all items contained in this worksheet.
I understand that the provider has a right to obtain any recovery or right to recovery for a patient who would have a right to recovery.
This means that if I am found to have a claim for any benefits payable for any treatment which was given while I am eligible for assistance under this program that this provider has the right to be included in the claim process.