



NORTH VALLEY HOSPITAL

Charity Care Application for North Valley Hospital **FOR OFFICE USE ONLY:**

Date: _____ Date Received: _____

Name: _____

Account numbers Applying for:

~ _____ ~ _____

~ _____ ~ _____

~ _____ ~ _____

General Information:

Number of people in your family: _____

F.P.L (for office use only) _____

Total Gross Income: _____

Charity Care write off: _____

Charity Care Instructions for North Valley Hospital

203 South Western Avenue – Tonasket, Washington 98855 (509) 486-2151

If for some reason you are unable to meet your financial obligation, North Valley Hospital offers a Charity Care Program that could potentially reduce your patient balance up to 100%. In order for us to determine if you meet the qualifications we require some information. We base our decision on your gross monthly income. If you do not have a saving or a checking account please note that on the following application.

NOTE: Charity Care is for Urgent and Emergent Situation's only.

Please complete the enclosed application and attach the following requested documents:

- Current income tax return or your current Social Security statement of benefits
- Current pay stub of all working and living in the household
- Information and Proof of all income
- Copy of your last 6 months of Bank Statements

If you did not file your taxes the previous year, you will be required to write a letter stating why you did not file your taxes. The letter must have a date and a signature.

Why you receive a DSHS application with your Charity Care application:

The reason we offer a complimentary DSHS application is because by law we must rule out that you may be eligible for another source of medical coverage. Due to the recent changes with the state programs we may not have to wait for a denial from them in order to process your charity application. If we feel you may qualify for the state program we will request that you do so. If you fail to follow through with your DSHS application when you do meet the criteria for medical coverage, your charity application will be denied.

Instructions for appeal or reconsideration of denied Charity:

Our Patient Accounts Manager will review all disputed denials. If you receive a denial letter there will an explanation of the denial, such as; Household income is too high, you did not turn in all of the required documents, or conflicting information. In order to appeal this decision you must either resubmit a COMPLETED Charity Application or write a letter stating why you feel we need to reconsider our final determination within 30 days of the date on the denial letter.