

Financial Assistance Application

1. Proof of household income (e.g. most recent pay stubs, SSI, unemployment, tax returns). Self-employed must provide most recent tax return to include Schedule C
 2. Proof of residency (e.g. utility bill, mortgage/rent statement, property tax bill)
 3. Most recent bank statement(s) showing liquid assets
 4. Support Statement on the back of this form must be completed if \$0.00 income is reported
- Please refer to online policy at yumaregional.org for additional information. Search "financial assistance"

GENERAL INFORMATION

Patient Name	Date of Birth	SSN#				
Patient's address	Street	Apt No.	City	State	Zip	# in household
Marital Status	Telephone No	Home/Work	Person responsible for paying bill			

Household Members	DOB/Sex	Relationship	Employer/School	US Citizen Yes or No	SSN
1.					
2.					
3.					
4.					
5.					
6.					

Do you have anyone temporarily absent from your home? (Please explain) _____

MONTHLY HOUSEHOLD INCOME

	PERSON 1	PERSON 2	PERSON 3
NAME:	_____	_____	_____
Gross income per pay period	\$ _____	\$ _____	\$ _____
How are you paid? weekly, biweekly or monthly	_____	_____	_____
Unemployment last day of employment _____	\$ _____	\$ _____	\$ _____
Social Security, pensions, retirement	\$ _____	\$ _____	\$ _____
Other sources of income	\$ _____	\$ _____	\$ _____
Checking account balances	\$ _____	\$ _____	\$ _____
Savings account balances	\$ _____	\$ _____	\$ _____
Stocks, bonds, IRA's	\$ _____	\$ _____	\$ _____
Pay or receive alimony or child support (circle one) Child's name _____	\$ _____	\$ _____	\$ _____
Do you receive Government assistance or food stamps?	_____		

MONTHLY EXPENSES/BILLS

<input type="checkbox"/> Rent \$ _____	<input type="checkbox"/> Mortgage \$ _____	Vehicles: How Many _____ Value \$ _____
APS, Water, Gas \$ _____	Health Insurance Premiums \$ _____	
Child Care \$ _____	Outstanding medical bills \$ _____	
Student Loans \$ _____	Prescriptions/Medications \$ _____	

COMMENTS TO HELP US UNDERSTAND YOUR FINANCIAL SITUATION:

SUPPORT STATEMENT

(To be completed by the person providing support to the patient)
(Please note: if you are under 19 and living with both parents, parent's income information is needed)

The parent and/or patient have identified myself as providing financial support. Below is a statement listing the services and support that I provide.

I hereby certify and verify that all of the foregoing information given is true and correct to the best of my knowledge and belief. I understand that my signature does not obligate me to be financially responsible for charges rendered to the person for whom I am providing basic financial support.

Signature of person providing financial support to applicant _____

All information given for this Financial Assistance application is true and accurate to the best of my ability. If any information is determined to be false, I understand that it will disqualify me from Yuma Regional Medical Center Financial Assistance immediately.

Parent/Responsible party signature

Date completed

Hospital Representative signature

Date completed/reviewed

YRMC Use Only:

If non-U.S. citizen provide immigration card number: _____
Have you been released from prison or jail in the last 4 months? _____
Are you Pregnant? _____ Due Date _____ Single pregnancy? _____
Does anyone in the household have a chronic illness or disability? _____ How long? _____
Do you own, lease or maintain a home outside of Arizona? _____ Do you live temporarily in AZ? _____
What state do you file or claim for your taxes? _____ Filing status: _____ Will you file next year: _____
How many dependents will you claim? _____ Can you be claimed as a dependent? _____
Are you interested in applying for the Marketplace? _____

If you have questions, please contact:
Patient Financial Services at (928) 336-7030 or 1-800-726-9264 (outside Yuma area only)
YRMC Patient Access Counselors at (928)336-7011
Yuma Regional Support Center **physical address:** 720 S Rio Vista Drive • Yuma, Arizona 85364
Mailing address: 2400 South Avenue A • Yuma, Arizona 85364 8:00 A.M. – 5:00 P.M. – Monday thru Friday

Account # _____ Guarantor No. _____ Date(s) of Service _____