



Financial Assistance Application for Utah, Idaho and Nevada Facilities

Return Information to:

MAIL: Financial Assistance
PO Box 27327
Salt Lake City, Utah 84127
FAX: 385-831-2890
EMAIL: financial.assistance@r1rcm.com

Instructions for completing this form:

Please fill this form out completely and return all required documentation to the Intermountain facility where you had or plan to receive care or to one of the contact methods listed above for your application to be processed. You can also apply online through our Intermountain Health's Financial Assistance web page by clicking: **Apply online**. Financial assistance will not be awarded to those who do not complete the application process.

Please submit the following documentation:

1. Financial Assistance application: completely filled out, signed, and dated.
2. Current Household income verification noted below.

Account Number 107-650207954	Current Household Size 1	Experiencing Homelessness? Yes <u>y</u> No <u>_____</u>	Are you a Colorado Resident? Yes <u>_____</u> No <u>no</u>
First and Last Name Jacob Fallin	Social Security Number 156048903	Birth Date 02/18/1999	
Marital Status single	Email jakefallin@gmail.com	Home Phone _____	Cell Phone 201-835-8030
Address 9 Lindsay Lane unemployed	City sparta	State NJ	Zip 07871
Employer Name _____	Work Phone _____		
How long have you been employed by this employer? _____ Years _____ Months			
Pay Frequency (please indicate) Weekly _____ Bi-Weekly _____ Twice a month _____ Monthly _____			
How long have you lived at this address? <u>2</u> Years _____ Months If less than three months , please list address:			
Address	City	State	Zip

Spouse Name _____	Spouse Social Security Number _____	Spouse Birth Date _____
Spouse Home Phone _____	Spouse Cell Phone _____	
Spouse Employer Name _____	Work Phone _____	
How long have you been employed by this employer? _____ Years _____ Months		
Pay Frequency (please indicate) Weekly _____ Bi-weekly _____ Twice a month _____ Monthly _____		

Additional Household Members/Dependents. Please add any additional dependents on a separate form.

First and Last Name	Birth Date	Social Security Number	Relationship

Current Household Monthly Income

If you are unable to provide copies of the verified information; please provide 3 months bank statements with an explanation on the back of this form.			
Type	Responsible Party Amount	Spouse Amount	Type of Income Verification Required
Employment Income (Gross)	\$	\$	Copy of the most recent or last paystub <u>or</u> a letter(s) from your employer(s) stating gross earnings for the last or current month
Self-Employment Income (Gross)	\$1000	\$	Profit and Loss statement and/or ledgers for previous or current month. Current tax return if applicable.

Pension, Retirement, Social Security Income	\$	\$	Copy of current award letter(s), pension payments, payments from retirement accounts etc. Displaying monthly income.
Unemployment, Disability Income, etc.	\$	\$	Copy of <u>current</u> award letter(s)
Other (Please list source): _____ _____	\$	\$	Ex: Tips, bonuses, and commissions

Additional Questions: Answering these questions ensures your application processing isn't delayed for further information.	Yes	No
Do you or any members in your household receive public benefits? (i.e. Food Stamps, WIC or Free or Reduced Lunches)	<input type="checkbox"/>	<input type="checkbox"/> no
Do you or any members in your household currently have health insurance?	<input checked="" type="checkbox"/> yes If yes, please list the name of your insurance carrier _____ CVS Aetna	<input type="checkbox"/>
Have you or any of your current household members applied for Medicaid, Medicare, CHIP or CHP+? If yes and denied, please provide denial letter	<input type="checkbox"/> If yes, please list the date you applied _____	no <input type="checkbox"/>
Are any of your medical bills with our facilities related to an auto or work-related accident?	<input type="checkbox"/> If yes, please list the insurance company _____	no <input type="checkbox"/>
Are you enrolled in a Medical Healthshare or cost share plan?	<input type="checkbox"/> If yes, please provide an explanation of share (EOS) _____	<input type="checkbox"/> no
Is anyone in your home currently pregnant?	<input type="checkbox"/> Who in the household is pregnant? _____ Due Date? _____	<input type="checkbox"/> no
Colorado Residents Only:		
Do you provide 50% or more financial support to someone living outside your home that would like included in your household size calculation (individual may live out of state/country)?	<input type="checkbox"/>	<input type="checkbox"/>

We ask patients who apply for financial assistance to look for other funding also. Please check “Yes” or “No”.

Are any of your medical bills due to an auto or work-related accident?
Are you enrolled in a medical Healthshare plan?
Does your employer reimburse you for any deductible or healthcare costs?

Have you applied for any other State assistance programs such as Crime Victims

☐ Yes
☐ Yes
☐ Yes

☐ Yes

☒ No If yes, list insurance company: _____
☐ No If yes, please provide explanation of share (EOS)
☒ No
no
☒ No – move to box above

If needed, use the space below for further explanation of the reason you are requesting financial assistance. You may attach a separate sheet if more space is needed. Additional verification may be required.

This injury made it so I couldn't be mobile for several months and was unable to work. Was already unemployed and now this burden has strained me greatly

I hereby state that the information given herein is true and correct to the best of my knowledge. I understand if I mislead or provide false information to obtain financial assistance with Intermountain Health, the request will be denied and may impact future requests for assistance.
I understand that Intermountain Health requires verification of income before any determination is made.

Applicant Signature Jacob Fallin **Date** 05/28/25

Checklist of all required information to complete application process:

- y ☐ Financial assistance application completely filled out, signed, and dated.
- y ☐ Household income verification.