

Request for Charity Care/Financial Assistance

Dear Patient and Family:

In keeping with its mission and core values, we are committed to providing health care for people regardless of their ability to pay.

Our Charity Care/Financial Assistance:

Medical bills may be difficult to pay. Patients who are unable to pay for all or part of their health care services, may apply for financial assistance by completing and returning this form. Patients and families who meet certain income requirements may qualify for free care or reduced-price care based on their family size and income, even if you have health insurance.

To view our financial assistance policy and sliding scale guidelines, please go to:

<https://www.providence.org/obp>

What does financial assistance cover? Financial assistance covers medically necessary services provided by one of our ministries, depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application: Our financial assistance policies, information about the programs, and application materials are available on our website or via phone. You may obtain help for any reason, including disability and language assistance. Here's how to contact us:

<https://www.providence.org/obp>

Customer Service Representatives at:

503-215-3030 or 866-747-2455 Monday - Friday 8:00am to 8:00pm

In order for your application to be processed, you must provide:

- Information about your family**
Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Information about your family's gross monthly income** (income before taxes and deductions)
- Declare assets** (as listed on financial assistance application form)
- Attach additional information if needed**
- Sign and date financial assistance form**

****Income Source Verification Required****

Please submit with your application copies of the following documents:

- 3 months of employment pay stubs
- Recent filed tax return for all family members
- Please provide proof of any other income source as listed on financial assistance application form

Note: You do not have to provide a Social Security number to apply for financial assistance. If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

Mail completed application with all documentation to (be sure to keep a copy for yourself):

PH&S Regional Business Office, P.O. Box 3177, Portland, OR 97208-3395



To submit your completed application in person: Take to your nearest Hospital Cashier Office

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

**We want to help. Please submit your application promptly!
You may receive bills until we receive your information.**