



Date \_\_\_\_\_

Dear Riverview Health Patient,

Recently we have received your request for an application for financial assistance. The following information is **required** to complete the assistance process. Failure to submit this information within 30 days will result in the automatic denial of your request for financial assistance. **Financial assistance is only eligible on accounts in good standing, not at a collection agency and on non-elective procedures. Total household income is required for processing, including spouse, significant other, parent, roommates, etc.**

- Copy of your federal tax form(s) for the current year with ALL schedules, including W-2's.
- Proof of medical insurance (i.e., copy of insurance cards).
- Copy of your driver's license or government issued ID card.
- Copy of your three (3) most recent paycheck stubs for you and anyone working within your household.
- Copy of your three (3) most recent bank statements for each bank account that you have.
- List of your outstanding medical debts and monthly pharmacy costs.
- Proof of filing for Medicaid, even if denied. Also, the name and telephone number for your Medicaid caseworker, if applicable.
- Proof of food stamps, pension, other household income and/or child support.  
(Circle item of information needed)

*Completion of this application is not a guarantee that you will be approved for Riverview Health Financial Assistance Program.*

If you have any questions, please feel free to contact our office at **317.776.7141** and press option 1.

Thank you for your help in getting this request completed in a timely manner. Please send application to the following address:

**Riverview Health**  
**Attn: Financial Counselor**  
**P.O. Box 220**  
**Noblesville, IN 46061**

Sincerely,  
Riverview Health  
Customer Service Department  
Financial Counselor

Revision Date: 5/9/2011