

Business services department

Financial hardship assistance (FHA) application

Please mail completed form to:

Attention: Customer Service Department
PO Box 3753, Seattle, WA 98124-3753

FHA application instructions

Step 1: Complete patient information. Please fill out all information about the patient completely.

Step 2: Fill out income information. This includes income from your employer, social service aid (food stamps, ADC, general relief, etc.), government aid (Social Security, VA benefits, etc.) and all other income. If any child is 18 years or older, a separate form is needed.

Step 3: Fill out monthly expenses and liabilities. This includes mortgage payment, rent, utilities, medical or other expenses.

Step 4: Return to the business office (at address above) by mail or walk-in. You must have an original signature on the application and supporting paperwork.

For Optum Care Washington to follow state rules, **each item you have listed on the front of this application will need proof or paperwork.** All information must be returned within **30 days** of the first request for financial help. If not, you may be responsible for your charges.

The following are the types of paperwork needed. Please check each one to see which ones may apply to your situation. (Copies only, please. Originals will not be returned.)

- Most recent IRS tax forms (1040 and/or W-2 and/or submit proof on non-filing from IRS) (must be signed) and check stubs for the past 30 days for all persons employed in the home.
- Unemployment check stubs for the past 30 days.
- State- or federal-issued identification card with photo or driver's license for the person applying. Identification is needed for fraud protection.
- Proof of all other income you've gotten in the past 30 days (government benefits like SSI or VA, alimony/spousal support, child support, investment revenue, settlements, etc.).
- If you don't have any form of income, please include a letter about your financial support right now.
- Mortgage, rent, utilities and any unpaid medical bills.
- Attached FHA application (completely filled out and signed).

- Have you been approved for financial hardship at another local hospital or medical facility within the last 6 months? _____
- If so, list the institution _____
Do you have paperwork of the approval? Yes No

Confidential

Step 1: Complete information below (see other side for instructions)

Medical record number (to be entered by FC) _____ **Social Security number** _____

Patient name _____ **Date of birth** _____

Address _____

City _____ **State** _____ **ZIP code** _____

Home phone _____ **Cell phone** _____

Step 2: Fill out income/asset information

If there is no reported income, explain your means of support.

Dependents who add income to household costs (outlined below).

Self and spouse/partner	Age	Relation to patient	Gross monthly income (pre-tax)

Family members (living and support in the household)	Age	Relation to patient

Step 3: Fill out average monthly expenses and liabilities information

Mortgage/rent _____ **Amount** _____

Total utilities _____ **Amount** _____

Electric _____ **Amount** _____

Water _____ **Amount** _____

Gas _____ **Amount** _____

Medical _____ **Amount** _____

Other _____ **Amount** _____

If unemployed, please write the date that employment was terminated _____

Do you have Medicaid? Yes No If yes, please include a copy of your Medicaid card.

Have you ever applied for Medicaid? Yes No

If yes, please list when and where _____

Declaration: The information given above is, to the best of my knowledge and belief, complete, correct and true. I approve the release of all information that Optum Care Washington may need to decide whether I qualify for financial aid through its indigent care program or any other federal or state-funded medical aid program (state dependent). That includes the verification of my salary or wages, the balances of the bank accounts I have, the cash-in value of any life insurance policy and stocks or bonds that I own, as well as the value of any real or personal property that I own or am purchasing. Should I be referred to a federal or state-funded medical aid program, I authorize Optum Care Washington to release and get all information needed to determine qualification for that funding.

Applicant's signature _____ Date _____



Optum Care Washington

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