



**Policy Description:** Financial Assistance  
Applicability: Regional One Health Patient Financial Services  
**Approved By** Finance Committee

**Policy Number** RC 1.0  
**Effective Date** 04/08/16  
**Approval Date**

### APPENDIX C: FINANCIAL ASSISTANCE APPLICATION

#### Regional One Health Financial Assistance Application

#### PATIENT INFORMATION

**Today's Date:** \_\_\_\_\_ **Patient's Full Name:** \_\_\_\_\_  
Last First Middle  
**Date of Birth:** \_\_\_\_\_ **Is patient a minor? Yes or No** **Phone Number:** ( ) - \_\_\_\_\_  
Area Code Number  
**Account # (s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #  
City Zip Code

#### RESPONSIBLE PARTY INFORMATION

Check here if same as patient   
**Guarantor Name:** \_\_\_\_\_ **Phone Number:** ( ) - \_\_\_\_\_  
Last First Middle Area Code Number  
**Relationship to Patient:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip Code

#### PROOF OF INCOME

Include copy of most recent IRS tax return (Please do not send originals. We cannot return document.)

**If recently unemployed, also provide:**

- Last Date and Place of Employment
- Position Title/Supervisor's Name
- Letter of Work separation

**If you did not file taxes or if you have had a change in your household Income since your most recent return, you can also send copies of any of the following for review:**

- Most recent pay stubs for all household members (90 days)
- Social Security/Disability benefit letter
- Food Stamp Letter

**Mail or Fax Application:**  
**Fax #: 901-545-6780**  
Regional One Health  
877 Jefferson Ave.  
Memphis, TN 38103

**Questions?**  
**Call 901-545-7651**  
Monday-Friday 8am-4:30 pm