

### Application for Financial Assistance

At South Peninsula Hospital, our mission is to promote community health and wellness by providing personalized, high-quality, locally coordinated healthcare. We understand that medical bills can be overwhelming, and we are here to help. If you're facing financial challenges, you may be eligible for assistance based on your income or medical hardship. Here's how you can qualify:

1. **Income Qualification:** If your household income meets the guidelines outlined in our income table below, you may qualify for financial help. Please refer to the table to see if you meet the income requirements.
2. **Medical hardship:** If your medical expenses exceed 20% of your annual household income, you may also qualify for financial assistance. We recognize that health-related costs can create a significant burden, and we are committed to supporting you during this time.

#### How to Apply:

If you think you qualify, please complete the application and submit the following documents:

- Completed Application (on back page)
- A brief explanation of your situation and financial hardship
- Tax Return (for the previous year, plus W-2 forms)
  - If you are self-employed, include the last 2 years of tax returns and current loss/profit statements.
  - If your income is below the required amount, provide your SSI benefit letter or an alternative explanation letter.
- Detailed bank statements for the last 3 months for all accounts (Checking and Savings, self and spouse)
- Most recent pay stub (showing year to date earnings) for all household members.

**Important Reminder:** Please make sure all required documents are included with your application. Missing documents can delay the processing of your application, and we may need to contact you for additional information.

If you have any questions or need assistance with your application, our Patient Advocates are available to help you. You can reach them at [907-235-0994](tel:907-235-0994).

#### Where to Submit Your Application:

- 1) Drop-off: South Peninsula Hospital Front Desk
- 2) Email: [PFN@sphosp.org](mailto:PFN@sphosp.org)

Thank you for allowing us the opportunity to help you.

Financial Assistance Income Chart						
Household	100%		80%		60%	
	FPL	200%	201%	250%	251%	350%
1	\$19,950.00	\$39,900.00	\$40,099.50	\$49,875.00	\$50,074.50	\$69,825.00
2	\$27,050.00	\$54,100.00	\$54,370.50	\$67,625.00	\$67,895.50	\$94,675.00
3	\$34,150.00	\$68,300.00	\$68,641.50	\$85,375.00	\$85,716.50	\$119,525.00
4	\$41,250.00	\$82,500.00	\$82,912.50	\$103,125.00	\$103,537.50	\$144,375.00
5	\$48,350.00	\$96,700.00	\$97,183.50	\$120,875.00	\$121,358.50	\$169,225.00
6	\$55,450.00	\$110,900.00	\$111,454.50	\$138,625.00	\$139,179.50	\$194,075.00
7	\$62,550.00	\$125,100.00	\$125,725.50	\$156,375.00	\$157,000.50	\$218,925.00
8	\$69,650.00	\$139,300.00	\$139,996.50	\$174,125.00	\$174,821.50	\$243,775.00
9	\$76,750.00	\$153,500.00	\$154,267.50	\$191,875.00	\$192,642.50	\$268,625.00

#### DEFINITIONS:

**Household:** A household includes the applicant and anyone they live with who is financially dependent on them or whom they financially support. This includes the applicant's tax dependents, their spouse, domestic partner, children, and other family members who are financially dependent on applicant. If the applicant is claimed as a dependent by someone else, they are included in that person's household instead.

**Income:** Incomes includes total annual cash receipts before taxes from money wages and salaries before any deductions, net receipts from self-employment, regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran payments, public assistance (AFDC, TANF, etc.), training stipends, alimony, child support, scholarships, grants, fellowships, dividends, interests, rental income, royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

**Qualifying Services:** Includes all services that are deemed medically necessary; cosmetic or elective procedures do not qualify as medically necessary services.

**CONFIDENTIAL FINANCIAL STATEMENT**

Name of Applicant		Name of Adult Co-Applicant	
Address		Co-Applicant Address	
City/State/Zip		City/State/Zip	
Telephone (Home/Cell)	Applicant Date of Birth	Telephone (Home/Cell)	Co-Applicant Date of Birth
Email address		Email Address	
# of Dependents	Dependent Name:                      Date of Birth:	Dependent Name:                      Date of Birth:	
	Dependent Name:                      Date of Birth:	Dependent Name:                      Date of Birth:	
Applicant Employer		Co-Applicant Employer	
<b>Gross Monthly Income</b>		<b>Other Monthly Expenses</b>	
<b>Sources</b>	<b>Amount</b>	<b>Description</b>	<b>Amount</b>
Salary/Wages (Self)		Housing – Rent/Mortgage	
Salary/Wages (Adult #2)		Phone/Internet/Cable	
Social Security Income (Self)		Utilities (heat, electric, fuel, water, etc.)	
Social Security Income (Adult #2)		Transportation (insurance, gas, payment)	
Pension Income		Storage Unit	
Other Income (Child support, rental, etc.)		Insurance (Life, medical, home)	
Other Income (Child support, rental, etc.)		Non-SPH Medical Bills (attach document)	
Alaska PFD		Daycare	
Other:		Prescription Costs	
Other:		Other:	
<b>TOTAL</b>		<b>TOTAL</b>	
<p>I agree that all insurance payments received for south peninsula hospital services will be applied to my account and answers to the statements above are true and factual to the best of my knowledge. I understand and agree that the information herein provided is subject to verification with third parties and outside sources.</p>			
Applicant Signature _____		Co-Applicant Signature _____	
Date _____		Date _____	
<p><b>I have included the following with my application:</b></p> <p><input type="checkbox"/> Brief explanation of your situation and financial hardship      <input type="checkbox"/> Most Recent Pay Stub</p> <p><input type="checkbox"/> Bank Statements for last 3 months      <input type="checkbox"/> Tax Return for the previous year (and W-2 forms)</p> <p align="right"><input type="checkbox"/> If self-employed, 2 years of tax returns and current profit/loss statement</p>			