

Date:

PATIENT NAME:
ACCOUNT:
BALANCE: \$
DATE OF SERVICE:

Dear:

This Financial Statement packet is being provided to you for completion so that we may determine if you qualify for a discount under the NorthShore University HealthSystem Assistance Program.

**COMPLETING THIS FORM IS NOT A GUARANTEE OF ELIGIBILITY
FOR NorthShore University HealthSystem FINANCIAL ASSISTANCE.**

If you do not complete this packet, or if you return it without the requested documentation, then NorthShore University HealthSystem will not be able to determine whether you qualify for Financial Assistance and you will be responsible for the balance due on your account.

To determine if you qualify for Financial Assistance, please return the information checked-off below with this completed packet:

- 2 most recent paycheck stubs**
- Current proof of income from all other sources; such as Unemployment compensation, Disability Income, SSI, rental property income, pensions, annuities, interest payments, etc.**
- Copies of bank statements for checking, savings, Certificates of Deposit, etc. for the last two months**
- Other - Last Income Tax Return**
- If you cannot provide any documentation relating to your income, fill out the statement below:**
I, _____ (name), certify that I have no documents that prove my family's monthly income of \$_____. I understand that if the above information is untrue, any charity granted to me may be forfeited, future requests may be denied and I will be responsible for payment of the hospital bill.

Please mail this completed packet and the requested documentation within 14 days from the date of this letter. A letter of determination will be mailed to you after your application is reviewed.

Failure to complete this packet or to return it without all of the documentation requested will affect our ability to determine whether you qualify for a reduction of your bill or an extended payment plan.

If you have any questions regarding your application please call the Financial Counselor at (847) - .

Thank You,
Financial Counseling
NorthShore University HealthSystem
(570) -

FC initial: _____

