

Appendix C

Financial Assistance - Required Documentation Checklist

Date ____/____/____

Patient _____

Medical Record # or Guarantor # _____

Dear Patient/Guarantor:

In addition to completing the Inova Financial Assistance application, you will need to provide proof of your income and residency. Note that certain documents can be used for both income and residency documentation.

Income Documentation	Residency Documentation
Proof of Family Income - Spouse or Domestic Partner income is needed Must include at least one (1) of the following documents:	Proof of 30 days residency within the Inova Service Area Must include at least one (1) of the following documents:
Two Recent Paystubs	Valid Virginia Issued Driver License or Identification Card <i>(Must be issued at least 30 Days prior to date of service)</i>
Most Recent Federal Income Tax Return <i>(**Instructions Below**)</i>	Most Recent Federal Income/State Income Tax Return <i>(**Instructions Below**)</i>
Monthly Bank Statement with Applicant's Name and Current Address <i>(Must be issued by a bank within the last 30 days reflecting deposits)</i>	Monthly Bank Statement with Applicant's Name and Current Address <i>(Must be issued at least 30 Days prior to date of service)</i>
Notarized Verification of Employment <i>(Form/Letter completed By Employer)</i>	Notarized Verification of Residency <i>(Form/Letter completed by Landlord)</i>
Notarized Verification of Support <i>(Form/Letter completed by Spouse/Partner/Self-Declaration)</i>	Utility Bill (Gas, Electric, Sewer, Water, Cable etc.) with Applicant's Name and Current Address <i>(Must be issued at least 30 Days prior to Date of Service)</i>
Government Assistance Program/Public Assistance Benefit Letter	Current Auto Insurance Policy or Home Insurance Policy Bill with Applicant's Name and Current Address
Social Security Benefit Letter	Lease Agreement
I20 Form (International Students)	Virginia Voter Registration Card
Pension/Retirement Income	Receipt for personal property taxes or real estate taxes paid within the last year to the Commonwealth of Virginia or a Virginia locality
Survivor Benefits	Virginia Department of Education Certificate of Enrollment form
Unemployment Compensation	Certified copy of school records/transcripts issued by a school accredited by a U.S. state jurisdiction or territory
Interest Dividends/Royalties/Income from Estate/Trust	DMV Records
Education/Tuition Assistance Documentation	Immigration Residency Certification Document
Alimony/Child Support Documentation	W2
Ambassador Status Verification on Embassy Letterhead	
Third-Party Income Verification <i>(Home Lease, Purchase Application, Automobile Lease, Loan Application, etc.)</i>	

Multi-Use Documentation

The following items can be used as proof of Income and Residency in one document:

Most Recent Federal Income Tax Return <i>(**Instructions Below**)</i>
Monthly Bank Statement with Applicant's Name and Current Address <i>(Must be issued by a bank within the last 30 days)</i>
Notarized Verification of Support <i>(Form/Letter completed by Spouse/Partner/Self-Declaration)</i>

Failure to submit the requested documents will result in the DENIAL of your application, leaving you responsible for the entire balance. For any question or if you need more time to gather the documents requested, please call 571-472-5880. If you prefer to send the verifications via fax, please fax to 571-665-6895.

****Tax Return – When submitting taxes completed by a firm or business please submit full document with date and signature. When submitting self-prepared taxes, please submit full documentation signed and dated.**

Once verifications of income, residency and family size are received, please allow 30 days for processing

===== **IMPORTANT!** =====

Mail-Only	In-Person Assistance Drop-Box Location
Patient Financial Services 8095 Innovation Park Drive, Fairfax VA 22031 <i>Not Accepting Patient Walk-Ins at this Location</i>	Inova Partnership for Healthier Communities 2700 Prosperity Avenue #280, Fairfax VA 22031 Office Hours: M-F 8:30 am – 12:00 pm <i>Services Offered:</i> New Application Drop off, Required Documentation, Financial Assistance Inquiries and Notary Services

Mail completed form to:

Inova
8095 Innovation Park Dr., Fairfax, VA 22031

**Patient Accounts
Financial Assistance Form**

MEDICAL RECORD / GUARANTOR #		DATE OF SERVICE			ACCOUNT NUMBER				
PATIENT'S NAME - LAST		FIRST		M.I.	SOCIAL SECURITY NO.			PATIENT'S DATE OF BIRTH	
ADDRESS				APT. NO.	CITY		STATE	ZIP CODE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?								HOME PHONE NO.	
EMPLOYER NAME			EMPLOYER PHONE NO.		NO. OF PERSONS IN FAMILY			PREGNANT?	
FAMILY MEMBER NAME(S)	DATE OF BIRTH	SOC. SEC. NO.	GENDER	RELATION	FAMILY MEMBER NAME(S)	DATE OF BIRTH	SOC. SEC. NO.	GENDER	RELATION
1. / / /					3. / / /				
2. / / /					4. / / /				

What are the amounts and sources of family income? (Include wages/salary/income from any source for patient and spouse, parents, if patient is minor)

1. Wages	\$	Please Circle Income Code W 2W M A				8. Other	\$	Please Circle Income Code W 2W M A			
2. Other Wages	\$	W 2W M A					\$	W 2W M A			
3. General Relief	\$	W 2W M A				1. Supplemental Security Income	\$	W 2W M A			
4. Social Security / SSI Disability	\$	W 2W M A				2. Student Work/Study Loans/Grants	\$	W 2W M A			
5. Aid to Dependent Children	\$	W 2W M A				3. Federal Entitlements	\$	W 2W M A			
6. Alimony/Child Support	\$	W 2W M A				4. Other	\$	W 2W M A			
7. Unemployment Income	\$	W 2W M A						W 2W M A			

Income Codes: W = Weekly 2W = Every two weeks M = Monthly A = Annually/Yearly

Is this visit related to: Motor Vehicle Accident? Yes No Injury on your job? Yes No

I certify that the above statements are true and correct to the best of my knowledge and belief. I understand that the hospital will require PROOF OF INCOME (credit report, tax returns, paycheck stubs, disability determination, etc.) and I authorize Equifax Credit Bureau and/or Social Services agencies to release information needed to complete the application process. Further, I will make application for any assistance (Medicaid, Medicare, Insurances, etc.) which may be available for payment of my hospital charge. I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

Supporting documentation must be submitted within fifteen (15) days in order for this application to be considered.

APPLICANT'S SIGNATURE: _____ DATE OF REQUEST: _____

TOTAL COUNTABLE INCOME: \$ _____

DO NOT WRITE IN THIS AREA, IT IS FOR OFFICIAL USE ONLY! TOTAL COUNTABLE INCOME: \$ _____

Family Size	100%	250%	400%	500%
1	\$14,580	\$36,450	\$58,320	\$72,900
2	\$19,720	\$49,300	\$78,880	\$98,600
3	\$24,860	\$62,150	\$99,440	\$124,300
4	\$30,000	\$75,000	\$120,000	\$150,000
5	\$35,140	\$87,850	\$140,560	\$175,700
6	\$40,280	\$100,700	\$161,120	\$201,400
7	\$45,420	\$113,550	\$181,680	\$227,100
8	\$50,560	\$126,400	\$202,240	\$252,800
9	\$55,700	\$139,250	\$222,800	\$278,500
10	\$60,840	\$152,100	\$243,360	\$304,200

Note: For families/households with more than 8 persons, add \$5,140 for each additional person.



If unemployed, please provide previous sources and amounts of gross family income below:

Source: _____

Amount: _____

<p>What is the TOTAL balance in your checking accounts, savings accounts, certificates of deposit, and / or securities accounts?</p>	<p>The <u>total</u> amount is: _____</p>
<p>Do you have any individual retirement accounts? (IRA, 401(k), 401(b), Keogh)</p>	<p><input type="checkbox"/> Yes; the <u>current</u> value is: _____ <input type="checkbox"/> No</p>
<p>Do you own an automobile(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No; if Yes:</p> <p>#1 YEAR _____ #2 YEAR _____ #3 YEAR _____ MAKE _____ MAKE _____ MAKE _____ MODEL _____ MODEL _____ MODEL _____</p>	<p>#1 Value: \$ _____ Payment: \$ _____ Balance Due: \$ _____ #2 Value: \$ _____ Payment: \$ _____ Balance Due: \$ _____ #3 Value: \$ _____ Payment: \$ _____ Balance Due: \$ _____</p>
<p>Do you receive income from interest, dividends, or investments?</p>	<p><input type="checkbox"/> Yes; the <u>total</u> amount is: _____ <input type="checkbox"/> No</p>
<p>Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent your home? If not: where or with whom do you live? _____</p>	<p>If you <u>OWN</u>: Current Value: \$ _____ Monthly Payment / Rent \$ _____</p>
<p>Residency Verified <input type="checkbox"/></p>	