



Patient Financial Assistance Checklist

2700 Norfolk Avenue | Norfolk, Nebraska 68701 | www.frhs.org

1. Completely fill out the Patient Financial Assistance Application

- You must be a US Citizen, US National, or alien lawfully present in the United States in order to qualify for any type of financial assistance offered by Faith Regional Health Services.
- If all of the required information is not submitted with your application a request letter will be sent to you. You will have ten (10) days from the date of the letter to supply the required information. If the required information is not returned in the time frame requested your application will be denied.
- Failure to complete and/or cooperate with all other FRHS or governmental assistance programs; such as MASH, Medicaid, and the Healthcare Reform which began January 1, 2014, disqualifies you from the financial assistance program offered by Faith Regional Health Services.
- Additional documentation may be requested at any time in order to properly evaluate your financial needs for assistance. If the additional information is not returned in the time frame requested your application will be denied.
- Your cooperation in completing this application is important. The amount of assistance you receive is determined by your gross income, family size, and assets so please complete the form accurately.

2. Provide proof of household income for the previous three months

- Gross Income Provide three months of paycheck stubs. If you do not have paycheck stubs provide a letter from your employer stating the income information.
- Self Employed Provide a complete copy of your most current federal tax return, and a profit and loss statement for the last three months.
- Unemployment, Disability and/or Social Security Provide a copy of the notification of benefits letter.
- Workers compensation Provide copies of a notification letter, report of workers compensation benefits, or copies of check stubs.
- Military Income Provide a notification of benefits letter or a bank statement if directly deposited.
- Alimony Provide copies of the checks received or a bank statement if directly deposited.
- Child Support Provide documentation from Child Support Services or a bank statement if directly deposited.
- Food Stamps Provide documentation from Health and Human Services.

3. Provide a complete copy of your most recent tax return, plus all supporting documents

- Federal and State income tax returns

4. Provide bank statements for the previous 3 months

- Bank Statements Provide three months of bank statements. This includes all checking, savings and health savings accounts.
- IRA, Stocks, Bonds, Life Insurance Provide documentation from your bank or your most current federal tax returns.

5. Sign, Date and Return the application along with proof of all income and all bank statements.

- You may contact one of our Financial Counselors at (402) 644-7366 or (402) 844-8320 if you have any questions