

APPLICATION FOR FINANCIAL ASSISTANCE

The Waverly Health Center Financial Assistance Program is designed to help patients who are uninsured, underinsured, have exhausted benefits or who have not qualified for other types of assistance pay for medically necessary services provided by WHC hospital and clinics.

Discounts are based on income and how it relates to the Federal Poverty Levels published each year by the Department of Health and Human Services. The current poverty level and discount percentages may be found under Financial Assistance on our website at www.waverlyhealthcenter.org or can be obtained by calling (319) 352-4928.

One person may apply for all people for which he/she has financial responsibility on one application form.

All those interested in receiving assistance must complete the application process and provide the documents requested in order to be considered for free or discounted services. ***Incomplete applications will not be processed; an application is not complete until all requested supporting documentation has been provided.***

If information on the application is determined to be false the application will be voided and no discount will be given.

If you need help to complete this form please visit our Patient Financial Counselor at the main Waverly Health Center campus at 312 9th St SW, Waverly, IA or call (319) 352-4928 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. Appointments at other times may be arranged if needed.

The following documents are required to support this application; if missing the application will be returned to you:

- Complete copy of last Federal Tax return with all schedules for all persons who filed an income tax return
- Last 3 monthly bank statements for each personal account for each person over the age of 18
- Additional documents for each income type and person as listed on pages 3 & 4
- Award or Denial letter(s) from Medicaid or other assistance programs. Contact the Iowa Department of Human Services at (855) 899-7985 (toll free) or online at <http://dhs.iowa.gov/how-to-apply>

Drop off, mail or email your completed application and supporting documents to:

Patient Financial Counselor
Waverly Health Center
312 9th St SW
Waverly IA 50677
FinancialAssist@waverlyhealthcenter.org

Employment Status information: Please answer the following questions for yourself, your spouse and all dependents over the age of 18.

Attach additional sheets if needed; forms may be found on our website at:

https://www.waverlyhealthcenter.org/patients_visitors/financial_assistance_program.aspx

	Applicant	Spouse	Dependent
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you considered:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
How long have you worked for this employer?			
What is your salary or rate per hour?			
How often do you get paid?			
If no, what was the last day you worked?			
Are you receiving unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date unemployment benefits began			
Projected unemployment end date			
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file a Federal tax return last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Resources:

Do you have any cash, savings accounts or other non-retirement accounts that could be used to pay for the balances remaining for any of the people listed on this application? Yes No

Sources of Income: Complete for each type that applies to you, your spouse or dependent(s). Enter the amount earned. YOU MUST FILL IN THE AMOUNTS IN THE BOXES.

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Type of Income	Applicant monthly amount	Spouse monthly amount	Dependent monthly amount	Additional Documents needed:
Earnings from employment (before taxes & deductions)				W-2 and last 2 paystubs for all who worked
Unemployment compensation				Unemployment award letter
Self-employment earnings				Last 3 months bank statements for business account(s)
Social Security, Supplemental Security Income				Social Security or Supplemental Security award letter
Pension, retirement income				
Disability income				
Worker's Compensation				
Veteran's benefits payment				
Child support				Divorce decree or custody agreement showing support requirements
Alimony				
Interest, dividends				
Rents, royalties, income from estates or trusts				
Other Miscellaneous sources of income				

Additional information may be requested to verify the amounts given above.

