



FINANCIAL ASSISTANCE APPLICATION



Southern Inyo Hospital uses this application to allow patients to apply for Charity Care; Full or Partial, and Financial Assistance (55% - 90% discount).

The following checklist may be used to ensure you have supplied the required information necessary for your application to be considered for financial assistance, full or partial Charity Care. Family income is annual family earnings from prior 12 months or prior tax year, as shown by recent pay stubs or income tax returns, and less payments made for alimony and child support.

- _____ Prior year income tax return as submitted to IRS or
- _____ Current period paycheck stubs; Unemployment or Disability payment stubs (2 months' worth)
- _____ If you have no income or proof of income documents, please provide a letter explaining how you support yourself/your family.

Application received without proof of family income (tax returns or check stubs) cannot be processed. For questions, please contact the business office at (760) 876 – 5501. Completed applications and required documents should be returned to Southern Inyo Hospital Business Office via email: kgarcia@sihd.org , mailed to: P.O. Box# 1009 Lone Pine, CA 93545.

Please complete this entire form to be considered under the Financial Assistance and Charity Care Program. List the total number of dependents, including yourself, at your address. **Incomplete applications cannot be processed.**

Patient Information:

| | | | |
|------------|--|-------------|--|
| Full name: | | Med Rec. #: | |
| | <i>Last</i> <i>First</i> <i>M.I.</i> | | |
| Address: | | Acct #: | |
| | <i>Street address</i> <i>Apt/Unit #</i> | | |
| | | Phone #: | |
| | <i>City</i> <i>State</i> <i>Zip Code</i> | | |

| | | | |
|---|--|--|--|
| CIRCLE REASON PATIENT IS APPLYING | | | |
| <input type="checkbox"/> Clinic Appointment | <input type="checkbox"/> Pre- Admission Arrangements | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> Payment Arrangement |
| <input type="checkbox"/> Delinquent Account | <input type="checkbox"/> Payment Arrangement | <input type="checkbox"/> Collection Letter | |

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Members of Household (including patient): List additional members of household on separate sheet.

| | Last Name | First Name | MI | Birthdate | Social Security | Gross Monthly Income |
|---|-----------|------------|----|-----------|-----------------|----------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Essential Living Expenses:

If you want this information considered for an extended payment plan.

Rent/Mortgage: \$_____ Loans: \$_____ Utilities: \$_____ Alimony: \$_____

Child Support: \$_____ Medical: \$_____ Insurance Premiums: \$_____ Food: \$_____

Accident:

| | | | |
|---|------|----|-------------------------------------|
| Was the patient's problem caused by an accident? | Yes | No | If yes, date of accident: / / |
| Where did the accident occur? | How? | | |
| Is patient seeking compensation through an insurance settlement or lawsuit? | Yes | No | |
| Comments: | | | |
| | | | |

Circle any of the following that apply to the patient:

| | | | |
|----------------------------------|------------|-------|----------|
| Have or Will apply for Medi-cal: | 65 or Over | Blind | Pregnant |
|----------------------------------|------------|-------|----------|

Other Information:

| |
|--|
| Provide Address & Phone of any Employer: |
| |
| |
| |

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I declare or affirm that the statements above are true and correct to the best of my knowledge and belief. I understand that withholding information or giving false information will make the patient and/or responsible party liable for payment of all charges for services rendered.

| | |
|--|-------|
| Signature of Patient or Provider of Information: | Date: |
| Signature of Witness: | Date: |

DO NOT WRITE BELOW THIS AREA: OFFICE USE ONLY.

2025 Poverty Guidelines (all states except Alaska and Hawaii)

| Family/Household Size | Poverty Guideline | 400% of Federal Poverty Line |
|-----------------------|-------------------|------------------------------|
| 1 | \$15,650 | \$62,600 |
| 2 | \$21,150 | \$84,600 |
| 3 | \$26,650 | \$106,600 |
| 4 | \$32,150 | \$128,600 |
| 5 | \$37,650 | \$150,600 |
| 6 | \$43,150 | \$172,600 |
| 7 | \$48,650 | \$194,600 |
| 8 | \$54,150 | \$216,600 |

*For families/households with more than 8 persons, add \$5,500 for each additional person to the poverty guideline.

SOURCE OF FAMILY INCOME:

AMOUNT:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL----- \$ _____

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Financial Counselors' Notes:

| |
|--|
| |
| |
| |
| |
| |
| |

_____ APPROVED FOR FULL CHARITY CARE

_____ APPROVED FOR PARTIAL CHARITY CARE

_____ APPROVED FOR FINANCIAL ASSISTANCE DISCOUNT; _____ DISCOUNT PERCENTAGE

_____ NOT APPROVED

DECISION RATIONALE: _____

Southern Inyo Hospital Employee: _____ **Date:** _____
Signature

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ATTENTION: If you need help in your language, please call (760) 876 – 5501 or the Southern Inyo Hospital Business Office. Office is open from 8AM to 4:30PM and is located at 501 E. Locust St. Lone Pine, California 93545. Aids and services for people with disabilities, like documents in braille, large prints, audio, and other accessible electronic formats are also available. These services are free.

ARABIC: إذا كنت بحاجة إلى مساعدة بلغتك، يُرجى الاتصال على الرقم (760) 876 – 5501 أو مكتب مستشفى ساوثرن إنيو. المكتب مفتوح من الساعة 8 صباحًا حتى 4:30 مساءً، ويقع في 501 إي. لوكيست ستريت، لون باين، كاليفورنيا 93545. كما تتوفر وسائل مساعدة وخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل، والمطبوعات الكبيرة، والمواد الصوتية، وغيرها من التيسقات الإلكترونية الميسرة. هذه الخدمات مجانية.

ARMENIAN: Եթե օգնության կարիք ունեք ձեր լեզվով, խնդրում ենք զանգահարել (760) 876 – 5501 կամ Հարավային Ինյո հիվանդանոցի բիզնես գրասենյակ: Գրասենյակը բաց է առավոտյան 8-ից մինչև 16:30-ը և գտնվում է 501 E. Locust St. Lone Pine, Կալիֆորնիա 93545 հասցեում: Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, ինչպիսիք են փաստաթղթերը բրայլյան գրերով, մեծ տպաքանակով, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով, նույնպես հասանելի են: Այս ծառայություններն անվճար են:

CANTONESE: 如果你需要用你嘅語言幫手，請打（760）876 – 5501或者南伊尼奧醫院商務辦公室嘅開放時間係上晝8點至下晝4點半，地址係501 E. Locust St. Lone Pine, California 93545。殘疾人士嘅輔助工具同服務，例如電子格式嘅文件，有聲，同埋其他大型印刷品都係免費嘅。

CHINESE (TRADITIONAL): 如果您需要以您的語言獲得協助，請致電 (760) 876 – 5501 或聯絡南因約醫院商務辦公室。辦公室開放時間為上午 8 點至下午 4 點 30 分，地址為加州孤松鎮東蝗蟲街 501 號，郵編 93545。辦公室也為殘障人士提供輔助和服務，例如點字文件、大字印刷品、音訊和其他可存取的電子格式。這些服務都是免費的。

EWE: Ne èhiā kpekpedeju le wò gbe me la, taflatse fo ka na (760) 876 – 5501 alo Southern Inyo Hospital Business Office. Dòwò fea suna tso ndi ga 8 vasede ga 4:30PM eye wòle 501 E. Locust St. Lone Pine, California 93545. Kpekpedejanuwo kple dòwò nawo na nuwò ametowo, abe nu nɔdɔ siwo le nɔkɔwò fe nu nɔdɔ me, nu nɔdɔ gāwo, odio, kple elektronik mɔnu bubu siwo nɔ woate nɔ akpɔ nu le hā li. Womexɔa dɔ siawo femaxee o.

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HINDI: अगर आपको अपनी भाषा में मदद की जरूरत है, तो कृपया (760) 876 – 5501 पर कॉल करें या सदरन इन्यो हॉस्पिटल बिज़नेस ऑफिस पर जाएँ। ऑफिस सुबह 8 बजे से शाम 4:30 बजे तक खुला रहता है और 501 ई. लोकस्ट सेंट. लोन पाइन, कैलिफ़ोर्निया 93545 पर स्थित है। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल, बड़े प्रिंट, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूपों में दस्तावेज़ भी उपलब्ध हैं। ये सेवाएँ निःशुल्क हैं।

HMONG: CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau (760) 876 – 5501 lossis Southern Inyo Hospital Business Office. Chaw ua hauj lwm qhib thaum 8 teev sawv ntxov txog 4:30 teev tsaus ntuj thiab nyob ntawm 501 E. Locust St. Lone Pine, California 93545. Kev pab thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv hauv cov ntauv sau tsis zoo, cov ntauv luam loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau. Cov kev pabcuam no pub dawb.

JAPANESE: ご注意 : ご希望の言語でサポートが必要な場合は、(760) 876 – 5501 までお電話
いただくか、サザン・インヨー病院事務室までご連絡ください。事務室の営業時間は午前8時
から午後4時30分までで、住所は501 E. Locust St. Lone Pine, California 93545です。障がいのある
方のための支援サービス（点字、拡大印刷、音声、その他の電子形式の資料など）もご用意
しております。これらのサービスは無料です。

LAOTIAN: ເອົາໃຈໃສ່: ຖ້າຫາກວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ (760) 876 – 5501 ຫຼືຫ້ອງການທຸລະກິດໂຮງໝໍພາກໃຕ້ Inyo. ຫ້ອງການແມ່ນເປີດແຕ່ 8 ໂມງເຊົ້າຫາ 16:30 ໂມງແລງ ແລະຕັ້ງຢູ່ທີ່ 501 E. Locust St. Lone Pine, California 93545. ການຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນ: ເອກະສານໃນຕົວອັກສອນນູນ, ການພິມຂະໜາດໃຫຍ່, ສຽງ, ແລະຮູບແບບເອເລັກໂຕຣນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

PUNJABI: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ (760) 876 – 5501 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਦੱਖਣੀ ਇਨਯੋ ਹਸਪਤਾਲ ਵਪਾਰ ਦਫ਼ਤਰ ਨੂੰ ਕਾਲ ਕਰੋ। ਦਫ਼ਤਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 4:30 ਵਜੇ ਤੱਕ ਖੁੱਲ੍ਹਾ ਰਹਿੰਦਾ ਹੈ ਅਤੇ 501 ਈ. ਟਿੱਡੀ ਸੇਂਟ ਲੋਨ ਪਾਈਨ, ਕੈਲੀਫੋਰਨੀਆ 93545 'ਤੇ ਸਥਿਤ ਹੈ। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਦੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

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RUSSIAN: ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону (760) 876 – 5501 или в офис Southern Inyo Hospital Business Office. Офис открыт с 8:00 до 16:30 и находится по адресу 501 E. Locust St. Lone Pine, California 93545. Также доступны средства и услуги для людей с ограниченными возможностями, такие как документы на языке Брайля, крупные шрифты, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

SPANISH: ATENCIÓN: Si necesita ayuda en su idioma, llame al (760) 876-5501 o a la Oficina de Administración del Hospital Southern Inyo. El horario de atención es de 8:00 a. m. a 4:30 p. m. y está ubicada en 501 E. Locust St., Lone Pine, California 93545. También disponemos de ayudas y servicios para personas con discapacidad, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

TELUGU: శ్రద్ధ: మీ భాషలో మీకు సహాయం అవసరమైతే, దయచేసి (760) 876 – 5501 లేదా సదరన్ ఇన్వో హాస్పిటల్ బిజినెస్ ఆఫీస్ కు కాల్ చేయండి. కార్యాలయం ఉదయం 8 గంటల నుండి సాయంత్రం 4:30 గంటల వరకు తెరిచి ఉంటుంది మరియు ఇది 501 E. లోక్స్టె సెయింట్ లోన్ పైన్, కాలిఫోర్నియా 93545 వద్ద ఉంది. బ్రెయిలీలోని పత్రాలు, పెద్ద ప్రింట్లు, ఆడియో మరియు ఇతర యాక్సెస్ చేయగల ఎలక్ట్రానిక్ ఫార్మాట్ల వంటి వికలాంగులకు సహాయాలు మరియు సేవలు కూడా అందుబాటులో ఉన్నాయి. ఈ సేవలు ఉచితం.

VIENTAMESE: LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi (760) 876 – 5501 hoặc Văn phòng Kinh doanh Bệnh viện Southern Inyo. Văn phòng mở cửa từ 8 giờ sáng đến 4 giờ 30 chiều và tọa lạc tại 501 E. Locust St. Lone Pine, California 93545. Các dịch vụ hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu chữ nổi, bản in lớn, âm thanh và các định dạng điện tử dễ tiếp cận khác cũng có sẵn. Các dịch vụ này miễn phí.