



Thank you for contacting the University of Utah Health billing office to discuss your account and inquire about financial assistance.

In order for us to proceed, please send the following documents to the address at the bottom of this page:

- Completed financial statement (enclosed)
- Letter explaining your current financial status
- Copy of current bank statement
- Copy of current credit card statement(s)
- Copy of last year's tax return
- Copies of paycheck stubs and/or other income from the past two (2) months

You are not obligated to disclose any or all of these documents. However, without this information, University of Utah Health cannot determine if you are eligible for assistance and will be unable to adjust your balance or prevent your account from going to collections.

The documents must be received within 30 days of the date of this letter. If the documents are not received by that time we will resume collections activity. If you are not able to provide one or more of these documents, please include in your letter the circumstances preventing their inclusion.

Once the required documentation is submitted, a review will be completed to determine if you are eligible for full or partial financial aid. Within 30 days of the receipt of your application you will be notified of the outcome of the review. If you have any further questions, please contact a customer service representative at one of the numbers below.

Sincerely,

Billing Representative
University of Utah Health
801-587 - 6303 (Calling within Utah)
800-862 - 4937 (Calling from out of state)



APPLICATION FOR FINANCIAL ASSISTANCE

Patient Medical Record #:	Patient:
Responsible Party:	Account Number:

DEMOGRAPHICS

Name	Date of birth	Social Security Number
Spouse name	Date of birth	Social Security Number
Address	City, State, Zip	Telephone Number

Total Dependents Living in Home	
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Name of Dependent	Date of Birth	Relationship

INCOME

Employer	Spouse Employer
Employer phone	Employer phone
Employer address	Employer address
Monthly gross income	Monthly gross income

Other sources of income, e.g. Child support, unemployment (source and amount)

If you or your spouse are unemployed, please list on a separate sheet of paper the last date and place of employment. Also list what efforts you are making to gain employment, and attach to this form.

Are you or your spouse self-employed _____ If so, please attach a copy of the business balance sheet or list the assets and liabilities on a separate sheet of paper and attach to this form..

ASSETS

Monthly amount paid _____ Name
 and address _____

\$	Rent or 1st mortgage		
\$	2nd mortgage		

Do you own any other real property? _____ If so, please describe

VEHICLES

Year ____ Make _____ Model _____ Plate# _____
Monthly balance owed \$ _____ Payment \$ _____

Name & address of lienholder

Year ____ Make _____ Model _____ Plate# _____
Monthly balance owed \$ _____ Payment \$ _____

Name & address of lienholder

Year ____ Make _____ Model _____ Plate# _____
Monthly balance owed \$ _____ Payment \$ _____

Name & address of lienholder

RECREATIONAL VEHICLES (Boats, 4-wheelers, trailers, etc.)

Year ____ Make _____ Model _____ Plate# _____
Monthly balance owed \$ _____ Payment \$ _____

Name & address of lienholder

Year ____ Make _____ Model _____ Plate# _____
Monthly balance owed \$ _____ Payment \$ _____

Name & address of lienholder

VALUE OF HOUSEHOLD ITEMS

List items and value

EXPENSES

	Monthly amount	Past due amount, if any
Food Expense	\$	\$
Utilities	\$	\$
Power	\$	\$
Gas	\$	\$
Home phone	\$	\$
Cell phone	\$	\$
Cable or satellite	\$	\$
Internet provider	\$	\$
Water	\$	\$
Clothing	\$	\$
Cleaning	\$	\$
Health Insurance	\$	\$

Auto Insurance	\$	\$
Dental Insurance	\$	\$
Day care expense	\$	\$
Fuel	\$	\$
Newspaper and subscriptions	\$	\$
Entertainment	\$	\$

BANK ACCOUNTS (Savings, checking, certificates, etc.)

Bank and branch	Account number	Balance
		\$
		\$
		\$

RETIREMENT ACCOUNTS (IRA, 401K, etc.)

Bank and branch	Account number	Balance
		\$
		\$
		\$

Homeowner or renters insurance:

Is this insurance included in your mortgage or rent payments?

Circle one Yes No

Monthly amount \$ _____

LIST OF ALL OUTSTANDING MEDICAL DEBT

Name of provider	Address	Original balance	Present balances	Monthly payments
		\$	\$	\$
		\$	\$	\$

LIST ALL DEBT NOW OWING

Creditor, type of debt (credit card, personal loans)	Monthly payments	Present balance
	\$	\$
	\$	\$
	\$	\$



PAYMENT AGREEMENT

I understand that I am responsible to University of Utah Health for the health care services that were provided and are outlined in this agreement. According to the terms of this payment agreement, University of Utah Health is allowing me to make payments rather than paying the amount I owe all at once. I agree that if I do not pay as required in this agreement, and my account is sent to collection, I must pay all reasonable attorney's fees and collection costs.

Subject to review and approval by the department.

I agree to pay the Billing Office \$ _____ per month beginning _____.

I will be able to increase my monthly payments to \$ _____ per month beginning _____.

SIGNATURE OF APPLICANT(S)

I hereby certify, and would be willing to state under oath, that the information contained on this form is true and complete to the best of my knowledge. I also understand that a credit bureau report may be pulled to verify resources.

Signature _____ Date _____

Signature _____ Date _____

PLEASE REMIT ALL CORRESPONDENCE TO:

University of Utah Health
Billing Office
127 S 500 E STE 100
Salt Lake City, Utah 84102
Email: billing@healthcare.utah.edu
Fax: 801.213.3385

University of Utah Health Billing Office

Privacy Act Notice: University of Utah Health confidentially maintains your social security number for routine uses, such as facilitating document matching, verifying your identity, tracking your medical history, drug allergies, and preexisting conditions, debt collection, providing this information to payers such as your insurance company, Medicaid, Medicare, or the industrial commission. Disclosure of your social security number is voluntary, but necessary to determine your eligibility for discounts and to extend your credit. If your payer uses your social security number as an identifier, failure to disclose your social security number may result in delay or refusal to pay for covered services, and you may be billed for these services. Your social security number will be used, with your consent for these purposes.