

**Medical Hardship:** Medical hardship is done case-by-case and/or once you have applied for all Medical Assistance programs and have been denied. However, to be qualified for applying for a Medical Hardship you must fill out application and present to us **ALL** the requested documentation below. Use this checklist as a reference on what to gather and bring in along with your application.

**MEDICAL HARDSHIP CHECKLIST:**

	Medical Hardship Application filled out and signed
	Identification/ Photo I.D
	Proof of Residency
	Insurance Cards (If applicable)
	Provide proof of <b><u>ALL</u></b> aspects of income
	Provide Copies of <b><u>EVERY &amp; ANY BILL</u></b> you have
	Assistance Denial Letters (Medicaid, Indigent, Charity Care, Or other)
	Bring recent bank statements backdated 3 months to current



# Sierra Vista Hospital Medical Hardship Application

Please complete the following information and return application and ALL requested documentation to the Financial Counselor to determine if you qualify for a medical hardship. If approved, the discount will apply to all services received at Sierra Vista Hospital.

Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Sierra Vista Hospital outstanding patient balance: \_\_\_\_\_

Please list **ALL** sources of income.

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pensions, or retirements				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household				
Any miscellaneous sources				
<b>Total Income</b>				

Please list **ALL** and **ANY** bills you pay each month. You must attach copies of each bill to this application.

Bill Name	Bill Type	Total
<b>TOTAL:</b>		

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I certify that all the information shown above is correct.

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Signature

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Date

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Name (Print)

