



United Health Services  
(UHS)  
33 Lewis Road  
Binghamton, NY 13905  
(607) 770-0025

Financial Assistance App Hosp  
**5800622 - Application for Financial Assistance**

**Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** (        ) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Family Members** (List spouse and dependent children under 21 years, living in household and their date(s) of birth):

Name	Date of Birth	Name	Date of Birth
1. _____	/ _____	4. _____	/ _____
2. _____	/ _____	5. _____	/ _____
3. _____	/ _____	6. _____	/ _____

**Incomplete Applications (Those Missing Any of the Documents Listed Below) Will Be Returned**

**THE FOLLOWING DOCUMENTATION IS REQUIRED TO DETERMINE ELIGIBILITY:**

- |   |  |
|---|--|
| <p><b>1. Proof of income:</b><br/>(submit all documentation that applies to your household)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pay stubs <b>from last 30 days</b> for each working member of household.</li> <li><input type="checkbox"/> Unemployment printout from website dating back to waiting week. <b>OR</b> Workers Compensation statement (2 current stubs).</li> <li><input type="checkbox"/> Social Security benefit letter.</li> <li><input type="checkbox"/> Proof of monthly pension income.</li> <li><input type="checkbox"/> Child Support (Proof of child support with amounts and frequency).</li> <li><input type="checkbox"/> Self Employed (attach tax returns with schedules).</li> <li><input type="checkbox"/> No income.</li> </ul> | <p><b>2. Proof of Health Insurance</b><br/>Do you have health insurance?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES (If <b>YES</b> attach copy of insurance documents)*</li> <li><input type="checkbox"/> NO</li> </ul> <p><b>3. Other Income Resources:</b><br/>Do you have any other sources of income?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> YES (If <b>YES</b> attach letter with description of income, i.e. rental income, annuity, etc.)*</li> <li><input type="checkbox"/> NO</li> </ul> <p><b>* Information about other resources is required.</b></p> |
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Discounts are based on family size and income only. UHS does not deny services based on a person's race, creed, color, sex, national origin, sexual orientation, sexual identity, disability, hearing impairment, visual impairment, religion, age, or inability to pay. Patient may disregard statements while the application is pending.

I affirm by my signature below that the information contained on this application is true to the best of my knowledge. I agree to provide additional information as requested in order to determine eligibility. I agree to report promptly any changes in my needs, income, living arrangements or address to UHS (33 Lewis Road Binghamton, NY 13905 Phone: (607) 770-0025).

Applicant's Signature: \_\_\_\_\_  
By typing your name in this section, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Relationship (if other than patient): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

rev 2.20, rev 12.16, rev 12.15



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<b>OFFICE USE ONLY</b>	
Discount % Approved _____	Date Approved _____
Approval Signature _____	