

**Community Health & Wellness Center
Financial Assistance**

Rev. 7/21/2016

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Ryan White FA is based on patient income only

Welcome to Community Health & Wellness Center's comprehensive health care services. We appreciate that you have chosen our center for health care and look forward to working with you to meet your health care goals.

It is the goal of CHWC to diminish as much as possible, any financial barriers to receive health care services.

Financial support is available. A Schedule of discounts is available based on the federal poverty guidelines for those who qualify.

If you are not eligible for Medicaid medical insurance, you will need to fill out a Financial Assistance application to see if you qualify for a discounted rate on your bill.

Verification of income must be provided to determine if a patient qualifies for discounted services.

Below is a list of documentation that our financial counselors use to determine if you qualify for assistance.

Please bring in one of the following documents:

- A month's worth of paystubs
- Bank statement
- Most recent Tax return, W-2 or 1099
- Social Security (Retirement or Disability) or SSI income
- Letter from Employer (for undocumented immigrants only)
- Other income: alimony/child support/unemployment compensation/pension/IRA/rental income, etc.

We may request additional documents if deemed necessary.

******A yearly renewal is required unless changes to your income occur sooner******

IMPORTANT:

You are expected to pay at least **\$25.00 at each appointment**. This amount will be applied to your bill until financial assistance is determined. Once the discounted rate is established, your reduced rate is expected on the day of service, unless other arrangements are made in advance with our Financial Counselor.

Failure to provide proof of income within 30 days of your first visit will result in a bill for services rendered at the full rate. We will assume financial assistance is not needed.

Please note:

****** Financial Assistance applies to medical, dental and behavioral health services provided by Community Health & Wellness only. You will receive separate bills for any off site services provided by other facilities. Ex: labs, X rays, specialty care, etc.**

NOT COVERED UNDER FINANCIAL ASSISTANCE:

****** Dental Lab Fees are not covered under your financial assistance. All dental lab fees are due before these services are rendered.**

**Community Health & Wellness Center
Confidential Patient Financial Statement**

Soc. Sec. #:		DOB:	
Name:			
Address:			
City:		State:	ZIP Code:
GROSS MONTHLY INCOME \$			

Please provide us with the best phone number we should use to contact you:

Home phone:
Cell phone:
Work phone:
Other:

Marital status:	Single	Married	Divorced	Widowed
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I understand that if the financial information that I have provided is found to be falsified or untrue, the financial assistance will immediately be revoked and I will assume full responsibility for all my services rendered at CHWC of Greater Torrington.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT ALL HOUSEHOLD INCOME HAS BEEN LISTED ABOVE.

PATIENT'S SIGNATURE **DATE**