THE Guidance CENTER

FINANCIAL ASSISTANCE APPLICATION
PLEASE PROVIDE THE FOLLOWING INFORMATION

○ Completed and signed application

○ Complete copy of signed prior year federal tax returns

○ AHCCCS determination letter (<u>valid denial or acceptance, you</u> <u>must go through the complete process</u>) or funded program for your individual state, i.e. Medicaid or Medical.

○ Proof of total household (18 years of age or older, or 24 years or older for full time students) income which as defined below:

- 3 months of personal bank statements (all accounts)

- If employed, 3 consecutive months of check stubs or a letter from you Human Resources Dept. If self-employed, a copy of the federal tax form schedule C

- If unemployed, copies of Unemployment payments or statement for means of support

- A copy of the SSA 1099 form if retired and/or on Social Security

- Copy of any pension benefit letters

If you have any questions please call *928-527-1899*, *incomplete applications will be returned*.

Financial Assistance Application

PATIENT INFORMATION

Patient Name: _____

Social Security #: _____

Last   *First*   *M I*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____

Requestor & Relationship to Patient: _____

SPOUSE/GUARANTOR INFORMATION

Spouse/ Guarantor Info: _____

Social Security #: _____

Last   *First*   *M I*

Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Phone: _____

Relationship to Patient: _____

HOUSEHOLD INFORMATION

List all members of your household and indicate if they are a dependent. Remember to include yourself.

Name	Relationship to Patient	Age	Dependent
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

| | ☐ Yes ☐ No |
| | ☐ Yes ☐ No |

The information provided is accurate and complete to the best of my knowledge. I authorize The Gudance Center (TGC) to contact any person(s) or organization(s) necessary to validate the statements made within this application and authorize said person or organization to release financial information to TGC.

Signature _____ Date _____