

Dear Participant,

Enclosed is the “Personal Financial Statement” form, which is used to determine if you are eligible for financial assistance. To process your request, you need to complete the entire form and sign as well as submit copies of the following items within fifteen (15) calendar days:

- All sources of income for the last three months.
- Copies of most recent paycheck stubs for three (3) months for responsible members of household. This includes disability check stubs.
- Statements (most recent 3) from all bank accounts, certificates of deposit, stocks, bonds, real estate, 401(K), etc.
- Most recent state and federal income tax forms including W’2’s and Schedules C, D, E and F. If you did not complete a tax form we need a statement from the IRS showing you did not file a tax form. You can obtain this information by calling the IRS at 800.829.1040.
- If you are not employed we can also accept a statement from the unemployment office stating you are not working and for how long you have been unemployed.

It is important that you return all the above items, including the completed and signed Personal Financial Statement. Your request cannot be processed without the above information and you will be subject to the OrthoIndy Financial Policy.

Your signature is required to obtain a credit report.

If you have any questions or difficulty in obtaining the necessary information, please call our Charity Administrator at 317.773.4225.

Sincerely,

Joyce G.
Charity Administrator

Financial Statement

Used Only by Patient Accounts Personnel Calculation Worksheet

Date of Application: _____

Patient Name: _____

Total charges billed on all accounts: \$ _____

Total all third-party payments: (_____)

Guarantor payments: (_____)

Current balance on all accounts: \$ _____

Total of all assets: Savings, checking, CD's, stocks, bonds, other real estate: \$ _____

Estimated value of home (the amount the guarantor expects from the sale of the home): \$ _____

Mortgage balance: \$ _____

Difference between estimate and balance equals: \$ _____

Number of family members in the immediate household: _____

Yearly gross income: \$ _____

Review Federal Poverty Guidelines to compare **gross income**
plus **number of family members** to determine percentage of write off.