

**Tri Valley Health System**  
**P.O. Box 488**  
**Cambridge, NE 69022**

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Cambridge Memorial Hospital • Cambridge Medical Clinic  
Arapahoe Medical Clinic • Indianola Medical Clinic

**Financial Assistance Application**

Thank you for choosing Tri Valley Health System to meet your health care needs. We hope you found our service to be of the highest quality. Please complete the attached financial application to determine if you are eligible for assistance. We will need the following in order to complete your application:

1. W2 forms for each member of the household
2. Income tax returns for all household members for the past two years  
(Please include every page)
3. Current or most recent employment pay stubs for all household members for the past three months
4. Bank statements for all household members for the past three months
5. Copy of rent or mortgage payment

Failure to provide this information will result in an incomplete application, which may result in the individual(s) being denied assistance under this policy. **Application is due within 30 days.**

Please return the completed application to the address listed above, attention Mackenzie Crowder. After your application is reviewed, you will receive verbal and/or written notification of the decision made.

Please feel free to contact me at (308) 697-1512 if you have any questions or concerns.

Sincerely,

Mackenzie Crowder  
Patient Financial Counselor  
Tri Valley Health System

Tri Valley Health System  
P.O. Box 488  
Cambridge, NE 69022

Financial Assistance Application

This financial application is designed to assist us in determining a reasonable payment plan or financial assistance for the services rendered to you and/or your family. Please complete each inquiry on the application. If an inquiry does not apply to you, please respond by writing N/A in the blank. Please provide copies for the past three months of paycheck stubs for everyone working in your household and bank statements for everyone living in the household, as well as a copy of your rent or house payment receipt and a copy of your two most recent income tax returns. All information given on this application if confidential and will be treated as such. Thank you for your cooperation.

Guarantor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from mailing): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guarantor's Employer: \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_

Guarantor's Monthly Income: \_\_\_\_\_ Spouse's Monthly Income: \_\_\_\_\_

Social Security: \_\_\_\_\_ Pension: \_\_\_\_\_ Other (Child Support, Rental Income, Etc): \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

Monthly Expenses

Rent/House Payment: \_\_\_\_\_ Phone/Cable: \_\_\_\_\_ Gas/Electric: \_\_\_\_\_

Auto (Gas/License): \_\_\_\_\_ Groceries: \_\_\_\_\_ Medical: \_\_\_\_\_

Insurance (House, Auto, Life): \_\_\_\_\_ Property Tax: \_\_\_\_\_ Other: \_\_\_\_\_

Loans

To Whom	Payment Amount	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Assets**

**Real Estate**

House: \_\_\_\_\_

Location: \_\_\_\_\_

Land: \_\_\_\_\_

Location: \_\_\_\_\_

**Vehicles**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

**RV/Boat/Trailer**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

**Bank Accounts**

Checking: \_\_\_\_\_ Bank: \_\_\_\_\_

Checking: \_\_\_\_\_ Bank: \_\_\_\_\_

Savings: \_\_\_\_\_ Bank: \_\_\_\_\_

Savings: \_\_\_\_\_ Bank: \_\_\_\_\_

Certificate of Deposit: \_\_\_\_\_ Bank: \_\_\_\_\_

**Other**

Cash Value of Life Insurance: \_\_\_\_\_ Company: \_\_\_\_\_

Other Investments: \_\_\_\_\_ Description: \_\_\_\_\_

I certify that the information given on this application is true and correct to the best of my knowledge.

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_