Singing River
NATURAL MEDICINE

4970 SW Main Ave. Suite 200
Beaverton, OR 97005
www.singing-river.com
Phone: (503) 641-6400 Fax: (503) 641-6401
Dr. Jennifer Means / Dr. Elizabeth Elliott

APPLICATION FOR FINANCIAL ASSISTANCE

Singing River Natural Medicine offers financial assistance for its services to eligible individuals. Based on your financial need, assistance may be available for your medically necessary care.

You may be eligible for financial assistance if you:

- Meet financial assistance guidelines and
- You provide Singing River with the necessary information about your household finances

The process for applying for financial assistance includes these steps:

- Complete the Financial Assistance Application
    - Include supporting documents required on the checklist below
    - We will use a sliding scale, based on federal poverty guidelines, your income and family size to determine the level of assistance available to you.

DOCUMENT CHECKLIST

Your application must include copies of all the following documents that apply to you. Please attach copies, not originals, as Singing River will not return any documents sent with the application. If any of the documents are missing, we will not be able to process the application until the missing documentation is provided.

- Income Source Verification Required:
  Please submit with your application copies of the following documents
    - Social Security 1099 forms or award letters
    - Unemployment or workers' compensation award letters
    - 3 months of employment pay stubs of all persons employed in the household
    - Recently filed tax return for all family members
    - Public Assistance Benefits
    - Child / Spousal Support
- If you have no proof of income or no income:
    - Attach an additional page with an explanation of your circumstances and a letter of support signed by the person who provides your support.
- Completed and signed Financial Assistance forms must be included in your request.

You can submit your application via mail to Singing River Natural Medicine, 4970 SW Main Ave, Suite 200, Beaverton, Oregon 97005; Fax to 503-641-6401; email to frontdesk@singing-river.com; or drop it off at the office.

All awards of financial assistance are at the sole discretion of Singing River Natural Medicine. We may change or cancel this program at any time. The terms of any assistance awarded will expire after 6 months, at which time you must re-apply for Financial Assistance.

PLEASE NOTE

We cannot guarantee that you will qualify for financial assistance, even if you apply. Once you send in your application, we may check all the information and may ask for additional information or proof of income. Within 14 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

FINANCIAL ASSISTANCE APPLICATION: Please print legibly

Date_____

Patient Requesting Assistance_____

Date of Birth _____

Guardian's Name if Applicable_____

Address_____

Email_____ Phone Number _____

How many people are in the patient's household? _____(Please list names and ages below)

_____

_____

Gross Monthly Income (from all household members 18 yrs of age and older) See previous page for more details.

Wages _____ Unemployment_____ Self-Employment_____

Workers Compensation _____ Disability_____ Pension_____

Child/Spousal Support _____ Retirement Distributions_____

Other Income Sources_____

Total Monthly Income (All Sources) _____

EXPENSE INFORMATION : We use this information to get a more complete picture of your financial situation.

Monthly Household Expenses:

Rent/mortgage $_____ Medical expenses $_____

Insurance Premiums $_____ Utilities $_____

Other Debt/Expenses $_____ (child support, loans, medications, other)

Disclaimer: I understand that the information that I provide will be used only for the application into Singing River's Financial Assistance Program. If accepted, my information will be used to determine financial responsibility for my care at Singing River Natural Medicine and will be kept confidential. I understand that if any information I have given is determined to be false, it may result in reversing the financial assistance approval and I will be liable for the full amount of all charges.

My signature authorizes Singing River to verify all information provided on this form. I acknowledge that I have read and completed this request for financial assistance and the information herein is true and correct.

Patient/Guardian signature_____ Date _____