



CONFEDERATED TRIBES OF THE GRAND RONDE COMMUNITY OF OREGON

GRAND RONDE TRIBAL EMS

9615 Grand Ronde Road | Grand Ronde, OR 97347-9712

Tel: (503) 879-1837 | Fax: (503) 879-6563

Individual Written Notice of Financial Assistance

It is the policy of Grand Ronde Tribal EMS that no person will be denied needed emergency medical care because of an inability to pay for such services.

Our practice abides by the contractual and legal obligations of health benefit plans to collect charges, co-pays, co-insurance and deductible amounts owed by patients. Recognizing that circumstances may arise where an individual is unable to pay in full at the time of service, we have adopted a policy of screening requests for forgiveness of debt based on individual circumstances in relation to the Federal Poverty Guidelines. To do this, we must ask for certain financial information. All information will be held confidential according to our privacy policy.

If you think you may be eligible for Financial Assistance, please complete and sign the application **on the reverse side of this page** and provide as many of the following supporting documents as you are able:

1. Copy of pay stubs for the last 3 months from your last place of employment.
2. Verification of your current employment/unemployment status.
3. A copy of your tax returns (or W-2 forms, at least) for the previous year. Returns or W-2 forms for the previous 2 years are preferred.
4. Disclosure of available credit on all credit cards.
5. Denial from your county assistance program.

Please mail your Financial Application and all supporting documents to:

Grand Ronde Tribal EMS
c/o Systems Design
PO Box 3510
Silverdale, WA 98383-3510

You will be notified of any reduction in your bill once the Grand Ronde Tribal EMS has reviewed your application.

THIS SECTION TO BE COMPLETED BY BILLING AGENCY	
Patient Name:	Incident Date:
Authorized by Grand Ronde Tribal EMS Personnel:	
1)	2)
Comments	

FINANCIAL ASSISTANCE APPLICATION

Grand Ronde Tribal EMS
c/o Systems Design West Billing Services
P.O. Box 3510, Silverdale, WA 98383
Phone: (360) 394-7010 or (800) 238-9398
Fax: (360) 394-7097

RESPONSIBLE PARTY		
Name:	Marital Status: [] Single [] Married [] Widowed [] Divorced	Social Security Number:
Street Address:	City, State, Zip Code	How long at this address?
Employer's Name (if employed, how long?):	Employer Address:	Business Phone No.:
Position / Title:	Monthly Income—Gross:	Monthly Income—Net:
SPOUSE/OTHER RESPONSIBLE PARTY		
Name:		Social Security Number:
Employer's Name (if employed, how long?):	Employer Address:	Business Phone No.:
Position / Title:	Monthly Income—Gross:	Monthly Income—Net:
OTHER QUALIFYING DEPENDENTS		
Number of Other Qualifying Dependents:	Name(s) & Age(s):	
MISCELLANEOUS INCOME PER MONTH		
INCOME SOURCE**	AMOUNT (Per Month)	COMMENTS
Public Assistance (Per Month)	\$	
Social Security Income (Per Month)	\$	
Unemployment Compensation (Per Month)	\$	
Worker's Compensation (Per Month)	\$	
Alimony / Child Support	\$	
Pension, Retirement Income	\$	
Dividends, Interest	\$	
Savings/Checking	\$	
Other Income (Please Explain)	\$	
OTHER PERTINENT INFORMATION		
List any other information that you feel may influence a decision regarding your account:		
**Note the source of your income listed and what type of documentation you are providing. Examples of documentation you may use to support your income amounts recorded above would be: paycheck stubs, income tax return, W-2s, letter from employer, award letter from DSHS, VA or Social Security benefit determination letter, worker's compensation award notice, verification of child support through copy of decree, or actual check from supporting parent.		In completing this financial statement, I hereby affirm that the above statements are correct and complete, and I give my consent to further verification by Grand Ronde Tribal EMS or its agents.
		Signature _____ Date _____