

# DISCOUNT & CHARITY APPLICATION

Application should be returned within 30 days of receipt. When submitting your application, please provide the following information:

Copy of most recent paycheck stub.  
or  
Copy of most recently filed tax return and W2.

Please contact our Customer Service Department at (866) 597-1776 with any questions or concerns. Patient Account Number and Admit Date are available on attached letter correspondence.

A soft credit pull will be accessed and this will not affect your credit score.

Patient Account Number \_\_\_\_\_ Admit/Reg Date \_\_\_\_\_

Hospital Visited \_\_\_\_\_

## **Patient Information (if patient is same as responsible party skip to section two)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Social Security# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_ How many years at address \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Place \_\_\_\_\_

## **Responsible Party**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Spouse Last \_\_\_\_\_ Spouse First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Social Security# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How many years at address \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth Place \_\_\_\_\_

## **Responsible Party Employer Information**

Employer's Name \_\_\_\_\_ Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Position/Title \_\_\_\_\_ Years Employed \_\_\_\_\_  
Monthly Hours (Regular/Overtime) \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Pay Frequency \_\_\_\_\_

**Spouse Employer Information**

Employer's Name \_\_\_\_\_ Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Position/Title \_\_\_\_\_  
Phone \_\_\_\_\_ Years Employed \_\_\_\_\_ Monthly Hours (Regular/Overtime) \_\_\_\_\_  
Hourly Rate \_\_\_\_\_ Pay Frequency \_\_\_\_\_

**Household Information (all persons in household including self)**

Name	Date of Birth	Relationship to Responsible Party
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Insurance Information**

Insurance Name \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Employment Related? \_\_\_\_\_  
Insurance Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Name Policy Holder \_\_\_\_\_ Beginning Coverage Date \_\_\_\_\_ Person Covered \_\_\_\_\_

**Miscellaneous Income Per Month**

Dividends, Interest \_\_\_\_\_ Pensions \_\_\_\_\_ Public Assistance/Food Stamps \_\_\_\_\_  
Social Security \_\_\_\_\_ Investment/Rental Income \_\_\_\_\_ Grants \_\_\_\_\_  
Unemployment/Workers Compensation \_\_\_\_\_ Child Support/Alimony \_\_\_\_\_ Other \_\_\_\_\_

**Miscellaneous Expenses**

Do you own or rent Housing? \_\_\_\_\_ Market Value of Home \_\_\_\_\_ Years Left on Home Loan \_\_\_\_\_  
Outstanding Balance on Home Loan \_\_\_\_\_ Outstanding Balance on Auto Loan \_\_\_\_\_  
Years Left on Auto Loan \_\_\_\_\_ Outstanding Balance on Medical Bills \_\_\_\_\_

**List Monthly Expenses for Following**

Rent/Mortgage \_\_\_\_\_ Insurance (Homeowners/Medical/Life/Auto/Other) \_\_\_\_\_  
Food/Clothing \_\_\_\_\_ Electric/Water/Gasoline \_\_\_\_\_ Loans \_\_\_\_\_  
Property Tax \_\_\_\_\_ Telephone/Cell Phone \_\_\_\_\_ Car Payments \_\_\_\_\_  
Medical Bills/Medications \_\_\_\_\_ Credit Cards \_\_\_\_\_ Alimony/Child Support \_\_\_\_\_  
Other \_\_\_\_\_ **Total Monthly Miscellaneous Expenses** \_\_\_\_\_

**Monthly Net Income**

Responsible Party's Monthly Income \_\_\_\_\_ Spouse's Monthly Income (If Applicable) \_\_\_\_\_  
Total Monthly Miscellaneous Income \_\_\_\_\_ Total Monthly Miscellaneous Expenses \_\_\_\_\_  
**Total Monthly Income** \_\_\_\_\_ **Total Monthly Expenses** \_\_\_\_\_ **Net Income (less) Net Expenses** \_\_\_\_\_

**Assets/Equity – List Dollar Value for the Following**

Bank Name	Bank Address	Account#	Balance	Account Type
_____	_____	_____	_____	Checking
_____	_____	_____	_____	Checking
_____	_____	_____	_____	Savings
_____	_____	_____	_____	Savings

CDs/Investments/IRS(s) \$ \_\_\_\_\_ Home Value \$ \_\_\_\_\_ Trust Funds \$ \_\_\_\_\_  
Other Real Estate \$ \_\_\_\_\_ Life Insurance \$ \_\_\_\_\_ Other Assets \$ \_\_\_\_\_  
Motor homes(s)/Boat \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Motorcycle \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
Automobile(s) \$ \_\_\_\_\_ Make/Model \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
**Total Equities \$ \_\_\_\_\_**

**Third Party Liability**

Is treatment related to a Third-Party Liability Claim? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes; do you have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

Attorney Name \_\_\_\_\_

Attorney Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attorney Phone \_\_\_\_\_

**Comments**

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Please contact our Customer Service Department at (866) 597-1776 with any questions or concerns in completing the form.

I certify that the information above is accurate and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return application and all required documents to:**

UHS Western Region CBO  
Customer Service  
2700 Fire Mesa Street  
Las Vegas, NV 89128

Phone (866) 597-1776  
Fax (702) 360-5071

E-mail: [WesternCBOCharity@uhsinc.com](mailto:WesternCBOCharity@uhsinc.com)

## **Languages**

### **English**

ATTENTION: If you need help in your language, please call 951-331-2290 or visit Patient Access Services Department. The office is open Monday – Friday; 8:30 am – 3:30 pm and located at 31700 Temecula Parkway, Temecula, CA 92592. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

### **Armenian**

ՈՒՇԱԴԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 951-331-2290 հեռախոսահամարով կամ այցելել Հիվանդների հասանելիության սպասարկման բաժին: Գրասենյակը բաց է երկուշաբթիից ուրբաթ; Առավոտյան 8:30 – 15:30 և գտնվում է 31700 Temecula Parkway, Temecula, CA 92592 Հաշմանդամություն ունեցող անձանց համար նախատեսված օժանդակ միջոցներ և ծառայություններ, ինչպիսիք են բրայլյան, մեծատառ, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափերով փաստաթղթերը նույնպես հասանելի են: Այս ծառայություններն անվճար են:

### **Chinese**

注意：如果您需要您語言的協助，請致電 951-331-2290 或造訪病患訪問服務部。辦公室週一至週五開放；上午 8:30 至下午 3:30。地址：31700 Temecula Parkway, Temecula, CA 92592 也提供為殘疾人士提供的幫助和服務，例如點字、大字體、音訊和其他無障礙電子格式的文件。這些服務是免費的。

### **Farsi**

جه: اگر به کمک به زبان خود نیاز دارید، لطفاً با شماره 2290-331-951 تماس بگیرید یا به بخش خدمات دسترسی به بیمار مراجعه کنید. Temecula Parkway, این دفتر از دوشنبه تا جمعه، از ساعت 8:30 صبح تا 3:30 بعد از ظهر باز است و در آدرس 31700 Temecula, CA 92592 واقع شده است. کمک‌ها و خدماتی برای افراد دارای معلولیت، مانند اسناد به خط بریل، چاپ بزرگ، صوتی و سایر قالب‌های الکترونیکی قابل دسترس نیز موجود است. این خدمات رایگان هستند.

### **Hindi**

ध्यान दें: य आपको अपनी भाषा में सहायता चाहिए, तो कृपया 951-331-2290 पर कॉल करें या रोगी पहुंच सेवा भाग पर जाएँ। कार्यालय सोमवार-शुक्रवार खुला रहता है; सुबह 8:30 - शाम 3:30 बजे और 31700 टेमेकुला पार्कवे, टेमेकुला, सीए 92592 पर स्थित कलांग लोगों के ए सहायता और सेवाएँ, जैसे ब्रेल में दस्तावेज़, बड़े ट, आँयो और अन्य सुलभ इलेक्ट्रॉक प्रारूप भी उपलब्ध हैं। ये सेवाएँ शुल्क हैं.

### **Lu Mien**

attention: da'faanh meih oix zuqc tengx yie meih nyei waac tov heuc 951-331-2290 fai nziaauc patient access services department uov office naaic nqoi leiz-baaix yietv – leiz-baaix hmz 8:30 naaic –3:30 pm caux located yiem 31700 temecula parkway temecula ca 92592 aids caux services bun mienh caux disabilities oix documents yie braille large print audio caux other accessible electronic formats naaic yaac available uov services naaic free

**Punjabi**

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਸੰਪਰਕ ਕਰਕੇ 951-331-2290 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਮਰੀਜ਼ ਪਹੁੰਚ ਸੇਵਾ ਵਿਭਾਗ 'ਤੇ ਜਾਓ। ਦਫਤਰ ਸੋਮਵਾਰ - ਸ਼ੁੱਕਰਵਾਰ ਖੁੱਲ੍ਹਾ ਰਿਹੰਦਾ ਹੈ; ਸਵੇਰੇ 8:30 ਵਜੇ - ਸ਼ਾਮ 3:30 ਵਜੇ ਅਤੇ 31700 Temecula Parkway, Temecula, CA 92592 'ਤੇ ਸਿਥਤ ਅਸਮਰਥਤਾ ਵਾਲੇ ਲੋਕ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾ, ਵਿਜ਼ਵਿਕ ਬਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਫੋਨਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾ ਮੁਫਤ ਹਨ।

**Tagalog**

PANSIN: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 951-331-2290 o bisitahin ang Patient Access Services Department. Ang opisina ay bukas Lunes – Biyernes; 8:30 am – 3:30 pm at matatagpuan sa 31700 Temecula Parkway, Temecula, CA 92592 Aids at mga serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malaking print, audio, at iba pang naa-access na electronic format ay magagamit din. Ang mga serbisyonang ito ay libre.

**Laotian**

ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ 951-331-2290 ຫຼືໄປຢ້ຽມຢາມພະແນກບໍລິການເຂົ້າເຖິງຄົນເຈັບ. ຫ້ອງການເປີດອັນຈັນ-ອັນສຸກ; 8:30 ໂມງເຊົ້າ – 15:30 ໂມງແລງ ແລະຕັ້ງຢູ່ທີ່ 31700 Temecula Parkway, Temecula, CA 92592 ການຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນ: ເອກະສານໃນຕົວອັກສອນນູນ, ການພິມຂະໜາດໃຫຍ່, ສຽງ, ແລະຮູບແບບເອເລັກໂຕຣນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

**Thai**

เรียน: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 951-331-2290 หรือไปที่แผนกบริการการเข้าถึงผู้ป่วย สำนักงานเปิดทำการวันจันทร์ – ศุกร์; 08:30 – 15:30 น. และตั้งอยู่ที่ 31700 Temecula Parkway, Temecula, CA 92592 ยังมีบริการช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่นๆ อีกด้วย บริการเหล่านี้ฟรี

**Hmong**

CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau 951-331-2290 lossis mus ntsib Patient Access Services Department. Lub chaw ua haujlwm qhib hnuv Monday - Friday; 8:30 teev sawv ntxov – 3:30 teev tsaus ntuj thiab nyob ntawm 31700 Temecula Parkway, Temecula, CA 92592 Kev pab thiab kev pabcuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv hauv cov ntawv sau ua lej, cov ntawv loj, suab, thiab lwj yam khoom siv hluav taws xob siv tau kuj muaj. Cov kev pabcuam no pub dawb.

**Cambodia**

ការយកចិត្តទុកដាក់: ប្រសិនបើអ្នក ក្រតិកាយជំនួយជភាពសាធារណៈរបស់អ្នក សូមទូរស័ព្ទលេខ 951-331-2290 ឬចូល កាយនៃយកដ្ឋ នេសវកម្មចូលបើអ្នក កងដីកាយយល់យេបើកែច្នៃថ្មី – ថ្ងៃក្រ: 8:30 ព្រឹក – 3:30 ល្ងាច និង មានទីតាំង 31700 Temecula Parkway, Temecula, CA 92592 និសេសវកម្មស្រមាប់ជន ពិការ ដូចជ ឯកសាធារណៈអក្សរសាធារណៈ ប កាយបោះពុម្ពធំ អូឌីយ៉ូ និងទ្រមង់អេឡិចត្រូនិចដែលអចចូល បើបារនេផ្សេងទៀតក៏មាន ផងដែរ។ េសវកម្មទាំងនេះគឺគឺតែធូ។

## **Vietnamese**

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 951-331-2290 hoặc đến Phòng Dịch vụ Tiếp cận Bệnh nhân. Văn phòng mở cửa từ Thứ Hai – Thứ Sáu; 8:30 sáng - 3:30 chiều và tọa lạc tại 31700 Temecula Parkway, Temecula, CA 92592 Hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử có thể truy cập khác cũng có sẵn. Những dịch vụ này là miễn phí.

## **Russian**

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 951-331-2290 или посетите Отдел обслуживания пациентов. Офис открыт с понедельника по пятницу; с 8:30 до 15:30, по адресу 31700 Temecula Parkway, Temecula, CA 92592. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, напечатанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

## **Ukrainian**

УВАГА: якщо вам потрібна допомога вашою мовою, зателефонуйте за номером 951-331-2290 або відвідайте відділ обслуговування пацієнтів. Офіс працює з понеділка по п'ятницю; 8:30 – 15:30 і знаходиться за адресою: 31700 Temecula Parkway, Temecula, CA 92592 Також доступні засоби допомоги та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати. Ці послуги безкоштовні.

## **Spanish**

ATENCIÓN: Si necesita ayuda en su idioma, llame al 951-331-2290 o visite el Departamento de Servicios de Acceso al Paciente. La oficina está abierta de lunes a viernes; 8:30 am – 3:30 pm y ubicado en 31700 Temecula Parkway, Temecula, CA 92592 También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

## **Japanese**

注意: あなたの言語でサポートが必要な場合は、951-331-2290 に電話するか、患者アクセス サービス部門にアクセスしてください。オフィスは月曜日から金曜日まで営業しています。午前 8.30 時から午後 3.30 時まで、住所 31700 Temecula Parkway, Temecula, CA 92592 にあります。点字、大きな活字、音声、その他のアクセス可能な電子形式の文書など、障害のある人向けの補助およびサービスも利用できます。これらのサービスは無料です。

## **Korean**

주의: 귀하의 언어로 도움이 필요하시면 951-331-2290으로 전화하시거나 환자 접근 서비스 부서를 방문하십시오. 사무실은 월요일부터 금요일까지 운영됩니다. 오전 8:30시 – 오후 3:30시, 위치: 31700 Temecula Parkway, Temecula, CA 92592 점자 문서, 큰 활자체, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 이러한 서비스는 무료입니다.

## Arabic

تنبيه: إذا كنت بحاجة إلى مساعدة في لغتك، يرجى الاتصال بالرقم 2290-331-951 أو زيارة قسم خدمات وصول المرضى Temecula Parkway, Temecula, المكتب مفتوح من الاثنين إلى الجمعة. 8:30 صباحًا - 3:30 مساءً ويقع في 31700 CA 92592 تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل. هذه الخدمات مجانية والمطبوعات الكبيرة والصوت وغيرها من التنسيقات الإلكترونية التي يمكن الوصول إليها. هذه الخدمات مجانية