## BHC Alhambra Hospital 4619 N. Rosemead Blvd. Rosemead, CA 91770

Telephone: (626) 286-1191

Dear	Date:
	you with your account here at BHC Alhambra Hospital. e Application (Financial Disclosure Form) for your stay for due to limited or no insurance coverage.
	t program available to all patients. You will continue to be nbra Hospital until your application has been received in our

office. We will need supporting documentation with your signed Financial Disclosure Form in

Supporting documentation for income, required to be submitted with the application:

- A copy of last two paychecks/paystubs (if applicable)
- Income Tax Return for 20

order to review your application.

Supporting documentation for income, not required but may help assist with our review:

- A copy of last year's W-2's (if applicable)
- Statement from employer (if applicable, and paychecks or W-2's cannot be obtained)
- SSI Statement of Earnings (if applicable)
- List and proof of paid Medical expenses (EOMB's, cancelled checks, statements, receipts)
- A list of monetary assets and their value (for charity consideration only)
- Any additional information you feel will help with our review

The application is the same for a Discount or for Charity. The information provided will assist the hospital in determining whether you qualify for either program. Patients who are eligible for the discounted payment may receive less financial assistance than what may be available to them under the charity care program.

If you do not wish to apply for these programs, please remit your payment today to the address above, attention Business Office. If you have any questions, please contact the hospital Business Office at (626) 286-1191.

Thank you in advance for your time and attention to your hospital account.

Respectfully,

BHC Alhambra Hospital Business Office Cc: File