



Good Samaritan Hospital is dedicated to providing quality health care to our patients. We realize that payment of those services may be a financial hardship for you at this time. Good Samaritan Hospital offers Financial Assistance to aid those that may qualify to reduce or eliminate their cost of care obligation.

Attached with this letter, you will find an application to enable an evaluation of your financial hardship. You must complete the application in order to be considered for the financial assistance program. If your financial situation meets the eligibility criteria set forth by the Good Samaritan Financial Assistance Program, you may be eligible for full or partial forgiveness of debt.

In order to process this application we require:

- The enclosed application completed in its entirety
- You must sign and date the Financial Assistance Application. If the patient/guarantor and/or spouse provide information, both must sign the application.
- Copy of your most recent cancelled rent check, lease agreement or mortgage payment
- Copy of the last two (2) pay stubs for any wage earned contributing to the household income
- Copy bank statements (checking/savings)
- Copy of your disability, social security payment statement, unemployment notice of eligible benefits and bank statement reflecting deposits
- If you do not have a source of income or proof of income documents, please provide a letter explaining how you support yourself and your family.
- Written, signed statement from a family member or friend who is proving your room and board and/or income.
- Copy of your most recent 1040 tax return or W2, including all applicable schedules and attachments submitted to the Internal Revenue Service
- If your most recent 1040 tax return is not available, then we will need one of the following:
  - Social Security Awards Letter
  - Proof of non-filing from the IRS (call 800-829-1040 to obtain a copy)



- A signed letter explaining why you have not filed a federal tax return or have requested an extension for taxes.
- Attach an additional page if you need more space to answer any questions
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We realize that your income from previous tax records may not adequately reflect your current circumstances. If so, please attach a brief note that describes your current financial situation.

It is important that you complete and submit the completed Financial Assistance Application along with all the required documents within fifteen (15) days. Please send your Financial Assistance Application to:

- **Fax:** 661-215-7655
  
- **Mail:** Business Office  
**Attn: Charity Care Specialist**  
901 Olive Dr  
Bakersfield, CA 93308

Once we have reviewed your application, we will notify you of our decision in writing within 30 days of receipt. If you wish to discuss your account or have any questions, please contact us at 661-215-7571. Our business hours are Monday – Friday, 8:00 am to 4:30 pm.



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**FINANCIAL ASSISTANCE APPLICATION**

Demographic Information	Name		Date of Birth		Spouse/Partner			Date of Birth	
	ADDRESS				City			State	Zip
	Time at Present Address ___ Rent ___ Own ___ Years ___ Months				County		Marital Status ___ Married Single Divorced ___ Widowed		
	Cell Number		Work Number	Home Number		Spouse Cell Number		Spouse Work Number	
	Please list ALL persons living in your household; including dependents (Attached an additional sheet if needed)								
	Last Name		First Name		MI	Date of Birth		Relationship to Applicant	
	1								
	2								
	3								
	4								
	<b>Self</b>				<b>Spouse</b>				
	Social Security #					Social Security #			
	Employed By					Employed By			
Business Address					Business Address				
Occupation					Occupation				
Length Employed: ___ Years Months Hours Worked Per Week				Length Employed: ___ Years Months Hours Worked Per Week					



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<b>Income: Represents total cash receipts from all sources before taxes.</b>				
<b>Self Monthly Gross</b>			<b>Spouse Monthly Gross</b>	
<b>Source of Income</b>	Gross Income		Gross Income	
	Social Security /SSI/SSDI		Social Security /SSI/SSDI	
	Public Assistance		Public Assistance	
	Rental Property Income		Rental Property Income	
	Retirement/Pension		Retirement/Pension	
	Work Comp		Work Comp	
	Unemployment		Unemployment	
	Child Support		Child Support	
	Other		Other	
	<b>TOTAL</b>		<b>TOTAL</b>	
<b>Combined Monthly Gross Income:</b>				
<b>Assets/Property</b>	Checking	Cash On Hand	Retirement Plan	
	Savings	Trust Account	Home Equity	
	Stock/Bonds	Credit Union	Other	
<b>Monthly Expense</b>	House Payment/Rent	Auto Insurance	Life Insurance	Health Insurance
	Property Tax	Phone/Cell Phone	Food	Water and Sewer
	Property Insurance	Vehicle Payment	Daycare Expense	Medical Expenses
	Gas	Vehicle Payment	Child Support Expense	Other/Specify:
	Electric			<b>TOTAL</b>



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**REQUIRED DOCUMENTS:**

- \_\_\_\_ Proof of Income (i.e. 2 Pay stubs for each wage earner, SS,SSI,SSDI, Public Assistance, Rental Income, Retirement, Pension, VA Benefits, Unemployment, Workers Comp, Child Support, Alimony or Other)
- \_\_\_\_ Copy of your most recent 1040 tax return, including all applicable schedules and attachments
- \_\_\_\_ Copy of two (2) bank statements (checking/savings) All pages.
- \_\_\_\_ Copy of your most recent cancelled rent check, lease agreement or mortgage payment
- \_\_\_\_ Written statement from a family member or friend who is proving your room and board and/or income.

**ASSIGNMENT OF RIGHTS**

By signing below, I declare under penalty of perjury that the information and statements contained in this Application for Financial Assistance and all the documentation which I submit are accurate true and correct. You are hereby authorized to check my credit history in order to evaluate this application for Financial Assistance consideration.

I understand that Good Samaritan Hospital may make reasonable requested for additional information and verification is necessary.

I understand that the information and statements I have provided will be kept confidential by Good Samaritan Hospital.

I understand that the completion of the application will allow Good Samaritan to consider my circumstances.

I understand Good Samaritan makes no representation that financial assistance is guaranteed.

I/We hereby certify the above information and voluntarily authorize you to obtain credit information relative to me/us.

Signature

Date

Signature

Date