



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:** 661-399-4224
- **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 661-215-7576. Our business hours are Monday – Friday, 8:00 am to 4:30 pm.



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		Frist Name		MI	Date of Birth		Relationship to Applicant
	1							
	2							
	3							
	4							
	Self				Spouse			
	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				



Income: Represents total cash receipts from all sources before taxes.						
Self Monthly Gross			Spouse Monthly Gross			
Source of Income	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			
	TOTAL		TOTAL			
Combined Monthly Gross Income:						
Assets/Property	Checking		Cash On Hand		Retirement Plan	
	Savings		Trust Account		Home Equity	
	Stock/Bonds		Credit Union		Other Life Insurance	
Monthly Expense	House Payment/Rent		Auto 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				TOTAL	



REQUIRED DOCUMENTS:

- (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)
- ___ Proof of Income
 - ___ 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