

# 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 951-736-6256 or visit Patient Access Services Department. The office is open Monday – Friday; 8:30 am – 3:30 pm and located at 800 S. Main St., Corona, CA 92882. 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**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 951-736-6256 հեռախոսահամարով կամ այցելել Հիվանդների հասանելիության սպասարկման բաժին: Գրասենյակը բաց է երկուշաբթիից ուրբաթ; Առավոտյան 8:30 – 15:30 և գտնվում է 800 S. Main St., Corona, CA 92882 հասցեով: Օգնություններ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպես փաստաթղթերը շասանելի են նաև բրայլյան, մեծատառ, աուդիո և այլ մատչելի էլեկտրոնային ձևաչափեր: Այս ծառայություններն անվճար են:

### **Chinese**

注意：如果您需要您語言的協助，請致電 951-736-6256 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：800 S. Main St., Corona, CA 92882 也為殘疾人士提供幫助和服務，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**

توجه: اگر به زبان خود نیاز به کمک دارید، لطفاً با شماره 6256-736-951 تماس بگیرید یا به بخش خدمات دسترسی به بیمار مراجعه کنید. خدمات کمکی و 800 S. Main St., Corona, CA 92882 دفتر از دوشنبه تا جمعه باز است. 8:30 صبح تا 3:30 بعد از ظهر و واقع در 800 خدماتی برای افراد دارای معلولیت، مانند اسناد در خط بریل، چاپ بزرگ، صوت و سایر فرمت‌های الکترونیکی قابل دسترسی نیز موجود است. این خدمات رایگان هستند.

### **Hindi**

आनंद: आपको अपनी भाषा में सहायता चाहिए, तो कृपया 951-736-6256 पर कॉल कर या रोगी पंजीयन सेवा विभाग पर जाएँ। कार्यालय सोमवार-शुक्रवार खुला रहता है; सुबह 8:30 - शाम 3:30 बजे और 800 एस. मेन स्ट्रीट कोरोना, सीए 92882 पर थल विभागां लोको के लिए सहायता और सेवाएँ, जैसे टेलीफोन, बड़े फॉन्ट, ऑडियो और सुलभ इलेक्ट्रॉनिक फॉर्मेट भी उपलब्ध हैं। ये सेवाएँ नि:शुल्क हैं।

### **Lu Mien**

attention: da'faanh meih oix zuqc tengx yie meih nyei waac tov heuc 951-736-6256 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 800 S. Main St., Corona, CA 92882. 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 951-736-6256 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਮਰੀਜ਼ ਪਹੁੰਚ ਸੇਵਾ ਵਿਭਾਗ 'ਤੇ ਜਾਓ। ਦਫ਼ਤਰ ਸੋਮਵਾਰ - ਸ਼ੁੱਕਰਵਾਰ ਖੁੱਲ੍ਹਾ ਰਿਹੰਦਾ ਹੈ; ਸਵੇਰੇ 8:30 ਵਜੇ - ਸ਼ਾਮ 3:30 ਵਜੇ ਅਤੇ 800 S. Main St., Corona, CA 92882 'ਤੇ ਸਿਥਤ ਅਸਮਰਥਤਾ ਵਾਲੇ ਲੋਕ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੱਡੇ ਫਿੰਟ, ਆਡੀਓ, ਅਤੇ ਹੋਰ ਪਹੁੰਚਯੋਗ ਇਲੈਕਟ੍ਰਾਨਿਕ ਫਾਰਮੈਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

**Tagalog**

PANSIN: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 951-736-6256 o bisitahin ang Patient Access Services Department. Ang opisina ay bukas Lunes – Biyernes; 8:30 am – 3:30 pm at matatagpuan sa 800 S. Pangunahing St., Corona, CA 92882. Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille, malaking print, audio, at iba pang naa-access na mga electronic na format. Ang mga serbisyong ito ay libre.

**Laotian**

ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ 951-736-6256 ຫຼືໄປຢ້ຽມຢາມພະແນກບໍລິການເຂົ້າເຖິງຄົນເຈັບ. ຫ້ອງການເປີດວັນຈັນ-ວັນສຸກ; 8:30 ໂມງເຊົ້າ – 15:30 ໂມງແລງ ແລະຕັ້ງຢູ່ 800 S. Main St., Corona, CA 92882. ການຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານ. ໃນຮູບແບບອັກສອນນູນ, ການພິມຂະໜາດໃຫຍ່, ສຽງ, ແລະຮູບແບບເອເລັກໂຕຣນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

**Thai**

เรียน: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 951-736-6256 หรือไปที่แผนกบริการการเข้าถึงผู้ป่วย สำนักงานเปิดทำการวันจันทร์ – ศุกร์; 8.30 น. – 15.30 น. และตั้งอยู่ที่ 800 S. Main St., Corona, CA 92882 นอกจากนี้ยังมีบริการช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ เสียง และรูปแบบอิเล็กทรอนิกส์ที่เข้าถึงได้อื่นๆ อีกด้วย บริการเหล่านี้ฟรี

**Hmong**

CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau 951-736-6256 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 800 S. Main St., Corona, CA 92882. Kev pab thiab kev pabcuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv muaj nyob rau hauv daim ntawv Braille, luam ntawv loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau. Cov kev pabcuam no pub dawb.

**Cambodia**

ការយកចិត្តទុកដាក់: ប្រសិនបើអ្នក ក្រតិកាយជំនួយជភាពសាធារណៈរបស់អ្នក សូមទូរស័ព្ទលេខ 951-736-6256 ឬចូល កាយនិយមកង នេសវកម្មចូលប្រើអ្នក កងដីកាយរយលំយើកែច្នៃថ្មី – ថ្ងៃក្រ; 8:30 ព្រឹក – 3:30 ល្ងាច និង មានទីតាំង 800 S. Main St., Corona, CA 92882 និសេសវកម្មស្រមាប់ជនពិការ ដូចជ ឯកសាធារណៈអក្សរសាធារណៈ កាយបោះពុម្ពធំ អូឌីយ៉ូ និងទ្រមង់អេឡិចត្រូនិចដែលអចចូលប្រើប្រាស់នេដូដេទៀតក៏ មាន ផងដែរ។ ទេសវកម្មទាំងនេះគឺឥតគិតថ្លៃ។

## Vietnamese

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 951-736-6256 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 800 S. Main St., Corona, CA 92882. 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 951-736-6256 или посетите Отдел обслуживания пациентов. Офис открыт с понедельника по пятницу; с 8:30 до 15:30 по адресу 800 S. Main St., Corona, CA 92882. Также доступны вспомогательные средства и услуги для людей с ограниченными возможностями, такие как документы, написанные шрифтом Брайля, крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

## Ukrainian

УВАГА: якщо вам потрібна допомога вашою мовою, зателефонуйте за номером 951-736-6256 або відвідайте відділ обслуговування пацієнтів. Офіс працює з понеділка по п'ятницю; 8:30 – 15:30 і знаходиться за адресою 800 S. Main St., Corona, CA 92882. Допоміжні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля, великим шрифтом, аудіо та інші доступні електронні формати, також доступні. Ці послуги безкоштовні.

## Spanish

ATENCIÓN: Si necesita ayuda en su idioma, llame al 951-736-6256 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 800 S. Main St., Corona, CA 92882. 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、951-736-6256 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 時 30 分～午後 3 時 30 分、所在地は 800 S. Main St., Corona, CA 92882 です。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や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 951-736-6256으로 전화하시거나 환자 접근 서비스 부서를 방문하십시오. 사무실은 월요일부터 금요일까지 운영됩니다. 오전 8시 30분 – 오후 3시 30분, 위치: 800 S. Main St., Corona, CA 92882. 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 بلغتك، فيرجى الاتصال بالرقم 6256-736-951 أو زيارة قسم خدمات وصول المرضى S. Main St., Corona, CA 92882. المكتب مفتوح من الاثنين إلى الجمعة. 8:30 صباحًا - 3:30 مساءً ويقع في 800 تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والمطبوعات الكبيرة والصوت وغيرها من التنسيقات الإلكترونية التي يمكن الوصول إليها. هذه الخدمات مجانية