Financial Assistance Application

PATIENT SPOUSE/OTHER RESPONSIBLE PARTY SIGNATURE



Documents Needed to Process Your Application

Attach documentation (if not previously submitted) on your identity, income and assets:					
	1.	Your driver's license, birth certificate and/or other picture ID or alien card			
	 2. 3. 4. 5. 	Three most current pay stubs Bank/Credit Union statements for current month and two previous months (checking and savings if applicable) Current filed income tax returns Social Security Income (SSI) award letter for current year Appraisals or ownership documents for property, motor vehicles, stocks and bonds, jewelry, life insurance and items of value; and provide verifications of any balance due			
			7.	Receipts for rent and any expense	
			NOT	E: .	If married, patient and spouse are required to sign the Discounted Care Policy Application and verifications are required for both. Applications are accepted at each hospital location, online, or via email to ElevatePFS@queens.org Completed applications and verifications can also be mailed to: The Queen's Medical Center ATTN: Patient Financial Counseling 1301 Punchbowl St. Honolulu, HI 96813
			liabil of th infor	itie ne a ma	that the above is true and correct and is a complete list of all income/assets and expenses s. You are authorized to obtain such information as you may require to verify the accuracy above statements and representations. I understand that any intentional omissions oution will disqualify me from any Discounted Care Program offered by The Queen's Medica or subject me to legal action to recover discounted care already approved.
				P.	ATIENT SIGNATURE DATE

DATE