## **Financial Assistance Program**







Please select the location for services (please select all that apply)

Central Vermont Medical Center Porter Medical Center UVM Medical Center								
Head of Household / Financial Guarantor Information								
Head of Household Date of			Social Security #		<del>‡</del>	Marital Status Phone Number		
Address				City			State	Zip Code
		Household		l l'		- 16 - Complete Complete		
List all family members who live	Name	omestic partner. Domestic partner	Date of Birth	Social S		ed/intimate relati	Relationship	
		Additional	Information					
Are you covered under any he	ealth insurance policy? If yes, pr						Yes	No
Insurance Company Name:			ID #:					
Have you applied for coverage for Vermont or New York Medicaid?  Yes No						No		
Have you applied for coverage with the Vermont or New York Health Exchange?							Yes	No
Do you live in, work in, or go	to school in Vermont?						Yes	No
		Monthly I We use this information to better u	Expenses Inderstand your fin	ancial situation				
Rent or Mortgage	\$:		Medicatio	ns	\$:			
Property Tax	\$:		Health Ins	surance	\$:			
Utilities (water / electric)	\$:		Healthcar	e Bills	\$:			
Auto (car payment)	\$:		Insurance	(Auto / Property)	\$:			
Child Care	Child Care \$:		Alimony /	Child Support	\$:			
Living (food / gas)	\$:		Other		\$:			
Please attach an additional p	age if there is any other informat	ion about your current financial sit		vould like us to kr	now. Such as d	ifficulty paying for	r bills, rent, or fo	od.
Employer or (state retired	/ student / unemployed)	Head of Household /	yment Financial Gua	rantor		Spouse / Dor	nestic Partner	
Gross Salary Wage		Monthly \$:	Income		\$:			
Self-Employment Income		\$:			\$:			
Social Security		\$:			\$:			
Pension / Retirement Distribution		\$:			\$:			
Disability (excludes VA)		\$:			\$:			
Unemployment		\$:			\$:			
Rental Income		\$:	\$:		\$:			
Dividend Income		\$:			\$:			
Other Income:		\$:			\$:			
					Continuo	annlication on the	o roverce cide	

Financial Assistance Application

	Ass	· · · ·
	Cash / Savings	
	Head of Household /	
Checking	\$:	<b>\$</b> :
Savings	\$:	\$:
CD	\$:	\$:
Stocks / Mutual Funds	\$:	\$:
Bonds	\$:	\$:
Annuities	\$:	<b>\$</b> :
Money Market	\$:	\$:
Trust Account	\$:	\$:
Other:	\$:	<b>\$</b> :
	Additiona (Does not include yo	
	Va	
Vacation / Second Home	\$:	\$:
Land	\$:	\$:
Rental Property	\$:	\$:
	Documentati	
lus a una da accuración de un unitor de	(required to prod	
Income documents required  • Most recent Fed		Assets documents required if applicable  Bank Statements
Profit and Loss:	Investment Account Statements	
Two most recen		Bond Statements
Social Security	Secondary Property Tax Bill	
	on of earnings from your employer	Secondary Property Mortgage Statement
• Willen Verlicati		
	Please Rea	·
ermont Health Network has my permission to filiated providers. Any incorrect, incomplete syment of any kind for the medical services c	pursue verification of pertinent information and exclor false information provided may cancel my application overed by this financial assistance application. The U	Network. I verify that all information I have provided is accurate and complete. The Universit nange information regarding my accounts, application and supporting documentation with its cion for financial assistance. I agree to repay the full financial assistance award if I receive iniversity of Vermont Health Network is authorized to access credit bureau files and reports, no of VT Statutes. All information provided will remain confidential under the provisions of HIPAL
		Date

Comments / additional information you'd like to share

Please mail your completed application to the UVMHN partner where you primarily receive your care. Please ensure you attach the required documentation to the application.

Central Vermont Medical Center Financial Assistance Program PO Box 547 Barre, VT 05641

Fax # 802-371-5339

Porter Medical Center Patient Financial Services Dept 115 Porter Drive Middlebury, VT 05753

Fax # 802-388-5696

University of Vermont Medical Center Financial Assistance Program Patient Access Department IDX 22052 111 Colchester Avenue Burlington, VT 05401

Fax # 802-847-7618