



## Financial Assistance Application

\_\_\_\_\_ **Full Application**

\_\_\_\_\_ **Fast Trak Application**

If you have questions or need assistance with this application, please call the Patient Financial Service Dept. at (607) 756-3838. Please send completed application by mail to the address below c/o Penny Tobias or submit by email to: [ptobias@cortlandregional.org](mailto:ptobias@cortlandregional.org)

Please provide the requested information for everyone claimed as a dependent on your Federal 1040 Income Tax Return. Be sure to include yourself and your spouse if applicable.

Last Name	First Name	Birthday	Social Sec #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Family Size:** \_\_\_\_\_

I certify that the information on and supplied with this application is true and accurate to the best of my knowledge. Further, I agree to cooperate with efforts to secure Medicaid or other public insurance coverage.

I understand that this application is made so that Guthrie Cortland Medical Center can determine eligibility for Financial Assistance under their Financial Assistance Policy. If any information I have given proves to be untrue, I understand the Medical Center may re-evaluate my financial status and take appropriate action. All applications must be submitted within 240 days of first-statement date Extension beyond 240 days will be considered on a case-to-case basis. Once I have received the application, I have 30 days to submit a completed application and supporting documentation to the Medical Center. I may disregard any bills until the Medical Center has rendered a written decision on my application.

Applicant's Signature: \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Required Documentation: **Full Application ONLY**

The following is a list of required documentation needed to process your application for Financial Assistance:

- A copy of last month bank statements
- Copies of the last four pay stubs for all working members of the household
- Proof of residency. Acceptable documentation includes, but is not limited to, a postmarked envelope showing current home address, a driver's license issued within the last six months, a utility bill (Gas, electric, cable), a rent or mortgage receipt showing the current home address, etc.

Failure to provide any of this information will result in the denial of your application.

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