



SLV Health Charity Care Program Application SLV Health VISIT ID # _____

It is the policy of San Luis Valley Health to provide essential services regardless of the patient’s ability to pay. Discounts are offered based upon family/household size and annual income.

One application per household.

Services from other providers such as outside providers, pathologists, and radiologists are not included in SLVH’s charges or discounts.

This is not considered insurance and cannot be used in conjunction with any other health insurance.

This form must be completed every 12 months or if your financial situation changes.

Please complete the following information and return to a Financial Counselor to determine if you or members of your family are eligible for financial assistance.

Number of related persons in your taxable household: _____

Household Member	Household Income (complete <u>one</u> column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Other			
TOTAL			

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, or other information verifying income is required before a discount is approved.

Print Patient Name Patient Signature DOB Date

List all names and DOBS of each member of the household:

Name	Date of Birth	Other Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

