



213 E Redwood Sallisaw, OK 74955 918/774-1100

*Have you previously applied for financial assistance through Northeastern Health System? Yes ___ No ___ Year _____

Patient or Responsible Party

Name _____

DOB _____

SS# or ITIN _____
(must have ITIN Documentation & ID)
Address _____

City, State _____

Zip Code _____

Phone # _____

Spouse

Spouse _____

Spouse DOB _____

Spouse SS# or ITIN _____

Phone# _____

Household Information

Please list all dependents living within your household not including yourself or your spouse.

Name	DOB	SS#

- Employed
- Self Employed
- Retired or Disabled
- Unemployed
- Student

Before returning this application be sure to sign and date in the space provided. If mailing back, please use P.O. Box 1008.

Applicant's Signature

_____ Date _____

Spouse's Signature _____ Date _____

For office use only

Review Date _____ Initials _____ 100% ___ 80% ___ 65% ___ 45% ___ 30% ___ Denied



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Financial Assistance Application **Required Documentation for Processing**

If Employed or Self-Employed please provide:

1. Pay Stubs from the last 2 months
2. Copy of previous year's complete Tax Returns
3. 2 months of COMPLETE bank statements
 - ❖ If Self-Employed please submit 4 months of COMPLETE bank statements
4. If applicable- any governmental assistance documentation

If Retired or Disabled please provide:

1. Social Security and/or Pension Benefit Statements or letter from current year
2. 2 months of COMPLETE bank statements
3. If applicable- Notarized Income Verification Letter (see page 4)
4. If applicable- any governmental assistance documentation

If Unemployed please provide:

1. If applicable- Unemployment letter, denied or approved
2. Notarized Income Verification Letter (see page 4)
3. Copy of previous year's complete Tax Returns
4. 2 months of COMPLETE bank statements
5. If applicable- any governmental assistance documentation

If Full-Time Student please provide:

1. Copy of Award Letter and Transaction Ledger for loans and/or grants
2. 2 months of COMPLETE bank statements
3. If applicable- any governmental assistance documentation

If you have any questions regarding the requested documentation, please call our office at (918) 774-1100.

Income Verification Letter:



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Financial Assistance Application

This form needs to be completed for applicants **with no** employment income. Please have someone who knows you complete any/all applicable fields of this form.

Note: If you and/or your spouse are employed, you may disregard this page of the application.

This form must be NOTARIZED
OR
signed in the presence of the Patient Financial Counselor.

1. I certify that _____ is presently unemployed and he/she is living with me and pays no rent.

2. I certify that _____ is presently unemployed and I pay his/her living expenses.

3. I have known _____ for _____ years and I certify that he/she is unemployed and has no income.

Relationship to patient: _____

Printed Name: _____

Phone #: _____

Address: _____

City, State: _____ Zip: _____

❖ Signature: _____ Date _____

For Notary or Financial Counselor:

Signed before me this _____ day of _____ 2017

My commission expires: _____ Signature _____