ALLIED SERVICES INTEGRATED HEALTH SYSTEM

APPLICATION FOR UNCOMPENSATED FINANCIAL ASSISTANCE

(PLEASE PRINT)

Please indicate which facility			
Allied Rehab Hospital, Scranton, PA		Heinz Rehab Hospital, Wilkes-Barre Township, PA	
Home Health		Other	
Patient Name			
Last First		Middle Initial	
Address			
AddressNumber & Street	City		State Zip
Home Phone ()		Social Security Nu	ımber
Cell Phone ()		Date of Birth	
Employer		Occupation	
Street Address		Work Phone ()
City, State		Zip	
Spouse's Employer		Occupation	
Street Address		Work Phone (_)
City, State		Zip	
Family Income: *			
Description	Last 3 Month	s Gross Income	Last 12 Months Gross Income
Wages/Self-employment			
State Assistance			
Social Security/Disability			
Unemployment/Workers Comp			
Pension			
Other Income			

^{*}Please attach documentation.

<u>Income Verification:</u> As a condition to receiving Financial Assistance, you must attach copies of the following items for each household member providing income.

Latest Federal Income Tax return

Pay stubs for the 3 most recent months or a benefit statement for the current year (i.e. social security, unemployment compensation, etc.).

Family Size (list all family r	nembers in your household)	
Name	Relationship	Age
Total Family Members (inc	luding applicant)	
Mail your application to:	Allied Services Patient Finance Department UFA Program 100 Executive Park Clarks Summit, PA 18411	For assistance call: 877-727-3422 570-348-1372
for any assistance (Medica hospital charge, and I will t pay to the hospital the am which I submit concerning Services. I also understand for other third-party assist	ormation is true and accurate to the best of Assistance, Medicare, Insurance, etc.) wheake any action reasonably necessary to oldount recovered for hospital charges. I furtomy annual family income and family size in that if any information I have given is defance, such a determination will result in a will be liable for the charges of the service	ich may be available for payment of my otain such assistance and will assign or her understand that the information is subject to verification by Allied termined to be false, or if I fail to apply denial of providing services as
Date of Request	Applicant's/Guard	dian Signature