Request for Financial Assistance

Dear Patient and Family:

In keeping with its mission and core values, Santiam Hospital is committed to providing health care for people regardless of their ability to pay.

**Santiam Hospital Financial Assistance** Medical bills may be difficult to pay. Patients who do not have health insurance or who are unable to pay for all or part of their health care services, may apply for financial assistance by completing and returning this form.

**Options Available** Santiam Hospital will work with patients to see if they qualify for Medicaid, Medicare, interest free payment plan options, or financial assistance. If financial assistance is granted, some or all charges may be lowered.

**Application Process** To apply for financial assistance, complete and return this form to:

Santiam Hospital Financial Counselor, PO Box 577, Stayton, OR 97383

**The following information must be included with the application:**
Most recent Federal Tax Returns – Form 1040 and if self-employed add Schedule C documentation.
Copies of the most recent income information for each person in the household including pay stubs, Social Security, unemployment, retirement, pensions, etc.
If the household is receiving financial support from family or friends, provide a letter detailing the support from the assisting party. Santiam Hospital may also request proof of income depending on the level and duration of support.

_without the above listed items, Santiam Hospital will be unable to process the application._

**Questions?** Please call our Financial Counselor at 503-769-9334

This completed application, including the supporting information, should be returned with 14 days of receipt.

By submitting application for assistance, patients give Santiam Hospital consent to make necessary inquiries to confirm financial obligations or references.

Sincerely,

Santiam Hospital

For Office Use Only

Account # ________________________________ Account # ________________________________
Account # ________________________________ Account # ________________________________
APPLICATION COMPLETION CHECKLIST - Did you get everything?

Without these items your application will not be reviewed. A fully complete application should be reviewed and your determination sent mail within 21 days of submission.

- Most recent Pay Stubs* with year to date figures
- Most recent Federal Tax Returns - Form 1040 and if self-employed add Schedule C or Verification of Non Filing
- *Other income documentation 12 months prior (Social Security Statements, Unemployment, etc.)
- Completed & Signed Application
- Verification of Insurance Status/History (Include Denial Letters) If uninsured, include proof of application through the Federal Marketplace of Oregon Health Plan.
- Determination Letters from DHS (Food Stamps, TANF, Housing, Etc.) if any available
- Letters of Support from those assisting you
- Financial Award Letter from College and Expenses
- Copy of current bank statement
- Personal letter explaining financial situation

Additional information may be required in order to process your application. If so, we will contact you.

Mail, fax (503.769.3472) or drop by the office ASAP!

Thank you. Any questions please call 503.769.9334.

Return To:
Santiam Hospital
Attn: Janet
P.O. Box 577
Stayton, OR 97383
### I. Patient Information

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<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>SOCIAL SECURITY NUMBER</th>
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<tr>
<th>DATE OF BIRTH</th>
<th>PRIMARY CARE PHYSICIAN (PCP)</th>
<th>U.S. CITIZEN</th>
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<td>YES  NO</td>
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### II. Guarantor Information

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<tr>
<th>NAME OF PERSON RESPONSIBLE FOR PAYING BILL</th>
<th>LAST</th>
<th>FIRST</th>
<th>MI</th>
<th>RELATIONSHIP</th>
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<td>YES  NO</td>
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### III. Household Information - Please indicate ALL people living in your household, including applicant. Use additional paper if needed

Please list anyone living in your household (including yourself). Income includes (Ore-tax) wages, child support income, alimony income, rental income, unemployment compensation, social security benefits, public/government assistance, rent or living exchange for services provided, etc.

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<tr>
<th>HOUSEHOLD MEMBERS</th>
<th>AGE</th>
<th>RELATIONSHIP TO PATIENT</th>
<th>SOURCE OF INCOME OR EMPLOYER NAME</th>
<th>MONTHLY GROSS INCOME PRIOR TO DATE OF SERVICE</th>
<th>INSURED? (circle yes or no)</th>
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### IV. Expense and Assets (Please notate if not applicable (N/A) individually)

Rent ________________________________ Savings account balance ________________________________ Stocks, bonds, retirement accounts, etc. ________________________________

Mortage pmt __________________________ Send proof Car payments ____________________________ Monthly child care ____________________________

Mortage balance ________________________ Send proof Year & make of vehicle ____________________________ Real estate other than primary home ____________________________

Cost of utilities ______________________ Send proof Year and make of vehicle ____________________________ Vehicle Insurance ____________________________

Checking account balance __________________ Recreational vehicles ____________________________ Cell Phone: ____________________________

Are you a full time student? _____________ Please send student loan report. _____________ Other Assets ____________________________

Do you receive any form of public assistance (food stamps, HUD housing, etc.) __________________ If yes, please send proof.

Monthly costs of medications or medical supplies ____________________________

Are you being supported by a parent or other person? If yes, please provide income and tax information of the person supporting you.

### V. Authorization

I hereby certify the information contained in the above financial questionnaire is correct and complete to the best of my knowledge. I authorize Santiam Hospital to verify any or all information given.

X

RESPONSIBLE PERSON’S SIGNATURE

DATE
**Form 4506-T**

**Request for Transcript of Tax Return**

- Request may be rejected if the form is incomplete or illegible.
- For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse’s name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party’s name, address, and telephone number.

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.

   a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days .

   b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days .

   c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days .

7 **Verification of Nonfiling,** which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days .

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

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**Sign Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Date

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form 4506-T (Rev. 8-2014)
Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**General Instructions**

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Get Transcript of Your Tax Records” under “Tools” or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts. If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

**Chart for individual transcripts**

(For 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

- Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or a P.O. or F.P.O. address
- 512-460-2272

- 512-460-2272

**Chart for all other transcripts**

If you lived in or your business was in:

Mail or fax to:

- Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or a P.O. or F.P.O. address
- Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia
- 816-202-6102

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

The uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is:

- Learning about the law or the form, 10 min.;
- Preparing the form, 12 min.; and
- Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

- Internal Revenue Service
- Tax Forms and Publications Division
- 1111 Constitution Ave. NW, IR-6526
- Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.