

# FINANCIAL ASSISTANCE APPLICATION FORM INSTRUCTIONS



This is an application for financial assistance at MultiCare Health System.

**Washington State requires all hospitals to provide financial assistance** to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. MultiCare uses the Federal Poverty Guidelines to help determine what Financial Assistance Program best fits each patient's needs. After a financial assessment of the patient's income has been completed, the patient's bill will be reduced by 100 percent if their income level is at or below 300 percent of the Federal Poverty Guidelines. If the patient's income level is between 301 percent to 500 percent of the Federal Poverty Guideline the patient's bill we be reduced according to the below sliding scale.

Poverty Level, Up To				
300%	350%	400%	450%	500%
Charity Discount, %				
100%	95%	90%	80%	70%
Patient Responsibility, %				
0%	5%	10%	20%	30%

What does financial assistance cover? The hospital financial assistance covers appropriate hospital-based services provided by MultiCare Health System depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application: Visit [multicare.org/financial-assistance/](http://multicare.org/financial-assistance/) to view Frequently Asked Questions (FAQ) or you can call:

- **MultiCare Puget Sound Region** 253.876.8550
- **MultiCare Inland Northwest Region** 509.473.4769
- **MultiCare Rockwood Clinics** 509.342.3600

You may obtain help for any reason, including disability and language assistance.

In order for your application to be processed, you must:

- Provide us information about your family** – Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before taxes and deductions)**
- Provide documentation for family income**
- Attach additional information if needed**
- Sign and date the form**

**Note: You do not have to provide a Social Security number to apply for financial assistance.** If you provide us with your Social Security number it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA."

**To submit your completed application with all documentation:**

- **Fax** 253.864.4017;
- **Mail** MultiCare Health System, Business Support Center  
PO BOX 5299 • M/S 1002-1-PFN • TACOMA, WA 98415-0299; or
- **In Person** Return it to any of our Admitting/Registration departments located at MultiCare Tacoma General Hospital, MultiCare Allenmore Hospital, MultiCare Good Samaritan Hospital and MultiCare Auburn Medical Center, MultiCare Deaconess Hospital, and Valley Hospital between the hours of 8am and 5pm, Monday through Friday.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

**We want to help. Please submit your application promptly!  
You may receive bills until we receive your information**