

Financial Assistance



The point of unity is you.



UnityPoint Health



To see if you qualify, please follow the instructions below.

If you already receive help from a federal or state program (like Food Stamps, WIC, Mission Health, or LIHEAP (energy assistance)), just fill out page one of the application and send it in with proof that you are in one of those programs. You may qualify for automatic participation in our program.

Be sure to give full information for everyone living in your home, and complete the three sections on the right side of the form. If you don't return complete information your request can not be processed. All information will be kept private.

We can help with this form if you have questions.

- **If you are in the hospital, ask for someone in Patient Registration.**
- **If you are at home or the clinic, call (888) 343-4165**

IMPORTANT NOTES

Our team members may try to find out if you qualify for other federal or state assistance programs prior to processing your request for Financial Assistance from UnityPoint Health.

Financial assistance is only available for medically necessary services provided by UnityPoint Health organizations and physicians, as outlined in the Financial Assistance Policy. If you would like to learn more about this policy visit unitypoint.org/financialassistance.

If you have more questions about your bill, please call the phone number listed on the bill to talk to the hospital, clinic, or home care that provided the care.

UnityPoint Health knows there are times when our patients cannot pay for the services provided. If you need help paying for medical services, you may be eligible for financial assistance from UnityPoint Health.

COMPLETE ALL 3 SECTIONS

1. Financial Assistance Application

Fill this attached form out completely, please remember to sign the bottom of page two.

You only need to fill out one form for everyone living in your home.

2. Proof of Income for everyone in your home:

Send copies of all items listed below that apply.

- Tax return for last year
- If you are employed: a pay stub with year-to-date income OR your last 3 pay stubs
- If you are self-employed: balance sheet and income statement
- If you are unemployed: state unemployment claim AND final pay stub from last job
- Monthly pension amount letter
- Disability income amount letter
- Social security income amount letter
- Proof of income from rent
- Proof of income from child support
- Proof of income from alimony
- If you have NO income, written statement from the person who supports you

3. Proof of Assets for everyone in your home:

Send copies of all items listed below that apply.

- Bank statements from the last 3 months
- Investment statements (401K, IRA, investment account, health savings account)



Reason You Need Help With Bill

Patient Name

Name _____ Telephone _____
(Last) (First) (MI)
Address _____ Birthday _____ Age _____
(Street)
(City) (State) (Zip) Soc.Sec.No. _____ Marital Status _____

Person Responsible for Payment

PERSONAL EMPLOYMENT

Name _____ Employer _____
(Last) (First) (MI)
Address _____ Address _____
(Street) (Street)
(City) (State) (Zip) (City) (State) (Zip)
Telephone _____ Telephone _____
Birthday _____ Age _____ Job Title _____
Soc.Sec.No. _____ Marital Status _____ Job Status: PT FT Avg weekly hrs _____

Spouse of Person Responsible for Payment

PERSONAL EMPLOYMENT

Name _____ Employer _____
(Last) (First) (MI)
Address _____ Address _____
(Street) (Street)
(City) (State) (Zip) (City) (State) (Zip)
Telephone _____ Telephone _____
Birthday _____ Age _____ Job Title _____
Soc.Sec.No. _____ Marital Status _____ Job Status: PT FT Avg weekly hrs _____

Other Information

List All Other People Living in the Household

Name Relationship Soc. Sec. No. Birthdate

Second Employer for Responsible Party and/or Spouse

Employer _____
Address _____
(Street)
(City) (State) (Zip)
Telephone _____
Job Title _____
Job Status: PT FT Avg weekly hrs _____

Income

Source of Income	Amount Received	How Often Received	Name of Person Receiving
Employment Income			
Employment Income			
Social Security			
Child Support/Alimony			
Pension/Comp/Unemployment			
Interest/Dividend			
Other (Explain)			

Assets

Item	Acct Balance	Description
Checking Account		
Savings Account		
Stocks/Bonds/CD's		
401(K)/IRA/Health Savings Account		
Motor Vehicles (Make & Model / Year)		
Main Home (assessed value)		
Other Property Owned		
Total Assets (Lines 1-7)		

Expenses

Item	Total Amount Owed	Monthly Payments	Description
Home Mortgage			
Rent (Monthly Payment)			
Utilities (Elec, Water, etc.)			
Medical Bills			
Alimony/Child Support			
Prescription Medicines			
Bank Loans (Car)			
Bank Loans (Personal, Student Loans, etc)			
Insurance (Auto, Health, etc)			
Credit Card Debt			
Other (Explain)			
Total Liabilities (Lines 1-11)			

CONSENT FOR RELEASE OF INFORMATION

I certify all information is true and correct to the best of my knowledge. I understand that provision of any false or misleading claims, statements, documents or concealment of a material fact may result in the immediate cancellation of any agreements previously made. I hereby grant permission to UnityPoint Health, its affiliates and representatives to investigate the information contained herein.

I also agree to notify UnityPoint Health of any changes in my financial position that would impact this determination.

Preparer's Signature

Date

Spouse's Signature

Date

Your complete application and all supporting documents* may be submitted via:

Mail:

UnityPoint Health – Central Billing Office
Attn: FA Team
1200 Pleasant St
Des Moines, IA 50309

*Do not mail original documents.
Send copies only. Documents will be
destroyed after being scanned.

Email:

FA_CBO_Request@unitypoint.org

Fax: (515) 362-5055

Write: "FA Application" on fax cover sheet.