Dear Patient,

The Mission of SCL Health is to reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

SCL Health’s Financial Assistance Staff moved to a work from home model. With this change, we are no longer able to accept applications at our Broomfield business office. We are asking that when submitting an application or additional information that communication be done electronically.

You can also complete the Financial Assistance application via MyChart. This functionality allows you to electronically submit your application and securely upload the required documentation directly into MyChart or fax the application and supporting documents to 303-272-0931. (same number for all sites)

**Care site specific contacts:**

- **St Joseph Hospital**
  - Liz Lucero
  - 303-272-0477
  - Liz.Lucero@imail.org

- **Platte Valley and Good Samaritan Medical Centers**
  - Stacey Beck
  - 303-272-0810
  - Stacey.Beck@imail.org

- **Lutheran Medical Center**
  - Marie Cattilini
  - 303-272-0479
  - Marie.Cattilini@imail.org

- **St Mary’s Medical Center**
  - Laurie Clark
  - 303-272-0485
  - Laurel.Clark@imail.org

- **St Vincent Healthcare**
  - Cricket Fortarel
  - 303-272-0480
  - Cricket.Fortarel@imail.org

- **St James and Holy Rosary Healthcare**
  - Victoria Smith
  - 303-272-0339
  - Victoria.Smith1@imail.org

**Physician/Provider Contact:**

- Maggie Huntley
  - 303-272-0577
  - Maggie.Huntley@imail.org
### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Are you a Colorado Resident? Yes _____ No _____</th>
<th>Experiencing Homelessness? Yes _____ No _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First</td>
</tr>
<tr>
<td>Street</td>
<td>Apt. #</td>
</tr>
</tbody>
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Home Phone | Cell Phone  
Preferred Method of Contact  
Email | Phone | Mail | MyChart Portal  
Family Size  
Monthly Gross Income  
Pay frequency (please indicate)  
Weekly | Bi-Weekly | Twice a month | Monthly  
**SPouse / (Parent Information if Minor)**  
Relationship to Patient  
Last Name | First | M.I. | Social Security Number | DOB |
| Home Phone | Cell Phone  
Monthly Gross Income  
Pay frequency (please indicate)  
Weekly | Bi-Weekly | Twice a month | Monthly  
Dependent  
Relationship to Patient | DOB  
Last Name | First | M.I. | Social Security Number | Home Phone |
| Dependent  
Relationship to Patient | DOB  
Last Name | First | M.I. | Social Security Number | Home Phone |
| Dependent  
Relationship to Patient | DOB  
Last Name | First | M.I. | Social Security Number | Home Phone |

Please add additional dependents on separate form.

Do you provide 50% or more financial support to someone living outside your home that would like included in your household size calculation (individual may live out of state/country)? Yes _____ No _____

Do you or any of the members in your household receive public benefits? (ie Food Stamps, WIC or Free or Reduced Lunches Yes ___ No ___

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge. I understand that SCL Health requires verification of income before any determination is made.

Applicant Signature: ____________________________ Date: _________________

*Please complete the entire application. Do not leave anything blank, if it doesn’t apply to you please write in none or N/A. Please remember to sign and date the application.*
REQUIRED DOCUMENTS:

- Completed, signed and dated application
- Income Verification for you and your spouse or significant other.
  - Copy of your last pay stub OR
  - Letters from employer (i.e. stating how much they normally pay you for services in a month).
  - Copy of award letter(s) – Unemployment, Social Security, Pension Payments, payments from retirement accounts, etc. displaying monthly income
- Tips, Bonuses and Commissions
- Self Employed Patients-
  - Business financial records, profit and loss statements, ledgers, business bank accounts showing deposits and withdrawals, invoices and receipts, etc. OR
  - Most recent tax return.