



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](tel:303-272-0931). (same number for all sites)

**Care site specific contacts:**

St Joseph Hospital  
Liz Lucero  
303-272-0477  
[Liz.Lucero@imail.org](mailto:Liz.Lucero@imail.org)

Platte Valley and Good Samaritan Medical Centers  
Stacey Beck  
303-272-0810  
[Stacey.Beck@imail.org](mailto:Stacey.Beck@imail.org)

Lutheran Medical Center  
Marie Cattilini  
303-272-0479  
[Marie.Cattilini@imail.org](mailto:Marie.Cattilini@imail.org)

St Mary's Medical Center  
Laurie Clark  
303-272-0485  
[Laurel.Clark@imail.org](mailto:Laurel.Clark@imail.org)

St Vincent Healthcare  
Cricket Fortarel  
303-272-0480  
[Cricket.Fortarel@imail.org](mailto:Cricket.Fortarel@imail.org)

St James and Holy Rosary Healthcare  
Victoria Smith  
303-272-0339  
[Victoria.Smith1@imail.org](mailto:Victoria.Smith1@imail.org)

**Physician/Provider Contact:**

Maggie Huntley  
303-272-0577  
[Maggie.Huntley@imail.org](mailto:Maggie.Huntley@imail.org)



## Financial Assistance Application

<b>PATIENT INFORMATION</b>					
<b>Are you a Colorado Resident? Yes ___ No ___ Experiencing Homelessness? Yes ___ No ___</b>					
Last Name	First	M.I.	Social Security Number	DOB	
Street			Apt. #	City	State
			Zip Code	Email Address	
			Account Number		
Home Phone			Cell Phone		
Preferred Method of Contact			Family Size		
Email		Phone		Mail	
		MyChart Portal			
Monthly Gross Income			Pay frequency (please indicate)		
			Weekly    Bi-Weekly    Twice a month    Monthly		
<b>SPOUSE / (PARENT INFORMATION IF MINOR)</b>			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		
<b>Dependent</b>			Relationship to Patient		DOB
Last Name	First	M.I.	Social Security Number		Home Phone
<b>Dependent</b>			Relationship to Patient		DOB
Last Name	First	M.I.	Social Security Number		Home Phone
<b>Dependent</b>			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.***



## Financial Assistance 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.