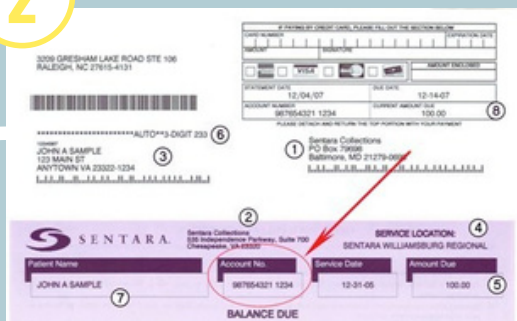


Sentara RMH Hospital Financial Assistance Application

2



Organize all of the hospital bills that you receive by their account number; you may receive multiple copies of each bill. Set aside other medical bills from the doctors who treated you at the hospital.

1



If you experience a medical emergency and/or need medical treatment, please visit our local hospital at Sentara RMH

3

SENTARA Sentara Hospitals Application for Financial Assistance

Patient Name: _____ Account #: _____
 Patient Address: _____
 Phone #: _____ Admit Date: _____ Discharge Date: _____
 Total Charges: _____ Write Off Amount: _____
 Assistance Requested by: _____ Relationship to Patient _____
List every member of the patient's household, including patient, as listed on the tax return. Use additional sheets if necessary.

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME	SOURCE OF INCOME

PLEASE COMPLETE THE FOLLOWING SECTION ON YOUR ASSETS, LIABILITIES, INCOME AND EXPENSES:
 Do you own or rent your home? Own Rent Monthly rent/mortgage amount: \$ _____
 Amount remaining on mortgage: \$ _____
 Do you own or lease your car? Own Lease Monthly car payment amount: \$ _____
 Remaining car loan balance: \$ _____
 How much is your monthly living expense? Less than \$500 Between \$500 and \$1,000
 Between \$1,000 and \$2,000 More than \$2,000
 Total family income for the last three (3) months: \$ _____

Fill out Sentara RMH Financial Assistance Application. Leave no blank spaces and remember to write ALL account numbers in the top righthand corner where it says: Account # _____

4

Sample Company Name
1234 Dick Buccanna St, Lavenue, TN 37086

EMPLOYEE NAME	SSN	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE	
Brandon Smith	XXX-XX-1234	1234	007221	12/22/17-12/28/17	12/29/17	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES	18	40	720.00	FICA MED TAX FICA SS TAX FED TAX	10.44 44.64 92.40	542.88 2,321.28 4,804.75
PAY-STUBS.COM						
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	CURRENT TOTAL	CURRENT DEDUCTIONS	NET PAY	
37,440.00	9,783.31	27,656.69	720.00	188.14	531.86	

Include photocopies of proof of income with one of the following:
 a) Three most recent pay check stubs
 b) The most recent filed federal income tax return with supporting schedules
 c) Two most recent bank and investment statements
 d) A letter of support if unemployed



6

Mail the application with stamps to:
 Sentara Healthcare
 ATTN: Financial Assistance Coordinator
 824 N. Military Hwy., #100
 Norfolk, Virginia 23502

5



Print off application and supporting documents and staple them with your application. Review application for accuracy and sign your name

7



Keep your bills until there has been a decision on your application and the discount has been applied to your account. If you have any questions, please call Sentara Billing office at: 757-233-4600 or 1-877-768-3993 Monday-Friday between 8:30am-4:30pm. Once you have the award letter, contact the medical offices of the individual doctors who treated you at the hospital to ask if they will apply the award letter to those medical bills and/or set up payments

8



Good work!