intermountain
Caring Solutions ■ Strong Families ■ Healthy Communities

Financial Interview/Sliding Fee Waiver Form

Return to:_____ Reviewed by: _____ Date Reviewed: _____

TO BE COMPLETED BY PERSON RESPONSIBLE FOR BILL

The information requested is to allow us to assist you in establishing a reasonable payment program and is confidential. You must provide us with complete information to enable us to determine how we can help you.

****If client requesting sliding fee waiver; must fill out additional worksheet on page 3*

****Every Co-Occurring Client must complete this form regardless of financial need; must be filed in client's chart.*

CLIENT

Name_____ SSN_____ DL #_____ DOB_____
(last, first, middle)

Address_____ Phone_____
(street, city, state, zip)

Work Phone_____ Ext_____

Are you disabled?_____ If yes, disability_____

RESPONSIBLE PARTY (if different from client)

Name_____ SSN_____ DL #_____ DOB_____
(last, first, middle)

Address_____ Phone_____
(street, city, state, zip)

Work Phone_____ Ext_____

Are you disabled?_____ If yes, disability_____

HOUSEHOLD INFORMATION (include information about everyone who lives with you, starting with the client on the first line)

Name	Relationship to client	Date of birth	Gender (M or F)	Social Security Number	Marital Status S=single M=married D=divorced W=widowed	MT Resident? Y or N	Dependent? Y or N
	Client						

Is any person(s) listed in your household 22 years or younger and attending a college, university of vocational/technical school?
Yes ____ No _____
If yes, please complete: Name of Student _____

Name of Student_____ Name of School_____

Name of Student_____ Name of School _____

Name of Student _____ Name of School_____

HOUSEHOLD INCOME * ***Please attach copies of most recent Federal Tax Return.***

A: Income received from employment

Name of household member	Employer	Start Date	Average hrs. work/week	Pay/wages per hour	If tip income earned, amount of tips/year	Is this job seasonal? If yes, number of weeks or months worked.

B: Income received through other sources or through self-employment

List all unearned income received by all household members, including children. Unearned income includes, but is not limited to, Social Security, Disability, Unemployment Insurance, Pensions, Military Allotments, Child Support, Alimony, Lease or Rental Income, Supplemental Security Income (SSI), Foster Care Payments, Veteran's Benefits, Retirement Income, Tribal Assistance Payments, Dividends, Interest, Temporary Disability.

Name of household member	Type of Income	Source of Income	How often is income received (weekly, monthly)	Amount received

INSURANCE

Is the above client covered by Medicaid insurance? Yes_____ No_____
May the client financially qualify for Medicaid? Yes_____ No_____
Is the above client covered by any insurance through an employer or private plan? Yes_____ No_____
If yes, include insurance information here:
Carrier:_____
Policy #:_____
Group Number: _____
Co-Pay amount: _____

ADDITIONAL INFORMATION

Attach verification of income and major expenses from the last 90 days.
Please list any other financial conditions which should be considered in establishing a payment plan:

_____
_____
_____

I hereby authorize representatives of Intermountain to make whatever inquiries necessary to verify the information furnished on this form or to release any information regarding this hospitalization to any insurance company or third party to seek settlement of this account. I hereby state that to the best of my knowledge the information given above is true and complete. I further authorize Intermountain to review and/or inquire into my credit history using any means available to obtain a current Credit Bureau History Report.

_____ _____

Signature of Responsible Party Date Signature of Spouse Date

When form completed turn into the Chief Business Officer

Business Office Use Only

Notes from meeting with family:

Patient Name: _____

Approved Discount: _____

Amount of Payment per month to go into contract: _____

Approved By: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		