

WHITE RIVER HEALTH

Financial Assistance Program

White River Medical Center
PO Box 2197
Batesville, AR 72501
Fax: (870)262-6547

Stone County Medical Center
PO Box 510
Mountain View, AR 72560
Fax: (870)269-6593

White River Health offers financial assistance and a discounted (sliding fee) program based on family size and income.

Patient Name:

Medical Record Number:

Date of Birth:

Phone:

Address:

SSN (optional):

List everyone in your household (Include yourself)

Last Name

First Name

DOB

Relationship

Employer/Income

Supporting Documentation for Household

Proof of household income may include documents such as a Social Security benefit letter, retirement or pension statements, your most recent 30 days of pay stubs, alimony or child support documentation, unemployment benefits, workers' compensation, or other income sources. If you report no income, please include a brief written explanation of how your living expenses are currently being paid.

- ☐ Most recent tax return
- ☐ Proof of monthly gross Income for all household members
- ☐ Social Security Benefits letter (if applicable)
- ☐ Most recent two bank statements for all household accounts
- ☐ Explanation of no income (if applicable)

Certification: I certify that the information provided on this application is true, correct, and complete to the best of my knowledge. I understand that White River Health may verify the information provided, request additional documentation, or contact third parties as necessary to process this application. I understand that providing false or incomplete information may result in denial or reversal of financial assistance.

Patient/Guarantor Signature:

Date:

Office Use Only – Financial Assistance Determination

Date Application Received

Application Complete (Yes/No)

Household Size

Annual Household Income

Approved FA/Discount %

Eligibility Period (6 mo / 12 mo Social Security)

Denial Reason (if applicable)

Financial assistance determinations are made according to WRH Financial Assistance Policy.

Financial Counselor Review – Name/Signature

Date

Director of Revenue Cycle or Designee – Name/Signature

Date
