We are happy you have chosen University of Iowa Hospitals and Clinics for your care. Thank you for asking about our financial aid program for residents of Iowa.

Listed below are the documents you will need to include with your Financial Assistance application:

If the Patient Balance is Less Than $1,500
- Your signed application form with all information filled in completely
- Your Medicaid response letter and for the Medical Needy program if denied for Medicaid
- Include a copy of a photo ID, a valid Iowa driver’s license, or permanent residency card

If the Patient Balance is between $1,500 and $5,000
- Your signed application form with all information filled in completely
- Your Medicaid response letter and for the Medical Needy program if denied for Medicaid
- Include 3 most recent pay stubs for yourself, spouse if you have one and second parent if patient is a minor
- Include proof of income for all income sources you have listed on the application
- Include a copy of a photo ID, a valid Iowa driver’s license, or permanent residency card

If the Patient Balance is More Than $5,000
- Your signed application form with all information filled in completely
- Your Medicaid response letter and for the Medical Needy program if denied for Medicaid
- Include 3 most recent pay stubs for yourself, spouse if you have one and second parent if patient is a minor
- Include proof of income for all income sources you have listed on the application
- Include a copy of last filed tax return (including all schedules) or fill in Line B under Section 3 on the form
- Include a copy of a photo ID, a valid Iowa driver’s license, or permanent residency card

Please be aware:
- Please submit copies of all supporting documents, keep the original copies for your records
- Missing documents or incomplete information will result in a delay in the processing of your application
- For all visits prior to 1/1/19, you must have active, full coverage medical insurance to comply with the Federal Affordable Care Act (ACA) or an ACA exemption letter
- Please continue making payments on your bill
- We will mail you a letter letting you know the outcome

Mail, email or fax the complete form and other papers to:
University of Iowa Hospitals and Clinics
PFS – Financial Aid
200 Hawkins Drive
1215 RCP
Iowa City, IA 52242-5500
Email: pfs-patientbilling@uiowa.edu Fax: (319) 356-2862

If you have any questions, please call 866-393-4605.

(Si necesita la ayuda de un intérprete o tiene alguna pregunta, por favor de llame al número (319) 356-1967)
Section 1: Patient and Guarantor Information

Patient Name: __________________________________________ Date of Birth: ____/____/______ Marital Status____________________

Guarantor Name (if patient is a minor) ______________________________ Contact Phone Number ______________________________

Address _______________________________________ City:___________________ State:_________ Zip Code:__________________

Section 2: Insurance Information

Name(s) of your insurance company: _______________________________________________________________________________

Section 3: Income Information

<table>
<thead>
<tr>
<th>Income Source each Month</th>
<th>Gross Monthly Income Amount</th>
<th>Gross Monthly Income Amount for Spouse or Second Parent</th>
<th>Please include the most recent copy of the items below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages □</td>
<td>$</td>
<td>$</td>
<td>Last three pay stubs</td>
</tr>
<tr>
<td>Self Employed □</td>
<td>$</td>
<td>$</td>
<td>Tax Schedule F, C or C EZ for self employed</td>
</tr>
<tr>
<td>Social Security □</td>
<td>$</td>
<td>$</td>
<td>Social Security letter</td>
</tr>
<tr>
<td>Pension/Disability □</td>
<td>$</td>
<td>$</td>
<td>Pension/Disability letter</td>
</tr>
<tr>
<td>Rental Income □</td>
<td>$</td>
<td>$</td>
<td>Tax Schedule E for rental income</td>
</tr>
<tr>
<td>Unemployment □</td>
<td>$</td>
<td>$</td>
<td>Unemployment letter</td>
</tr>
<tr>
<td>Workers’ Compensation □</td>
<td>$</td>
<td>$</td>
<td>Worker’s Compensation letter</td>
</tr>
</tbody>
</table>

Line A: If you have $0.00 income, please provide your last date of employment and tell us how you meet basic living needs:
______________________________________________________________________________________________________________

Line B: If you did not file income taxes please tell us why:
______________________________________________________________________________________________________________

By signing this form, I agree that:
• The information in this form is correct. It is against the law to give false information.
• UI Health Care may confirm the information in this form, or get a credit report.
• I am a current legal resident of the state of Iowa

Patient/Guarantor’s ______________________________________ Date _____________________

**Your application will not be accepted if there is incomplete or missing information**