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.

(Si necesita la ayuda de un intérprete o tiene alguna pregunta, por favor de llame al número (319) 356-1967)

To qualify for financial assistance you must:
- Have active, full coverage medical insurance for all visits prior to 1/1/19 to comply with the Federal Affordable Care Act (ACA) or an ACA exemption letter
- Show more proof of income if your bill amount increases

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 complete copy of your last filed tax return 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 information will result in a delay in the processing of your application
- 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 call 866-393-4605.
### 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:__________________

<table>
<thead>
<tr>
<th>Name(s) of Spouse and additional dependents (Use back of application if you need more room)</th>
<th>Date of Birth</th>
<th>Relation to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### 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>IF YOUR BALANCE IS OVER $1,500: Please include the most recent copy of the items below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages □</td>
<td>$</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**