



Patient Financial Services
3281 Ridgeway Dr. Suite 300
Coralville, IA 52241
866.393.4605 Tel
319.356.2862 Fax
uihc.org/billpay

We are happy you have chosen University of Iowa Health 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:

- ☐ Your signed application form with all information filled in completely
- ☐ Your [Medicaid](#) response letter and response for the [Medically Needy](#) program if denied for Medicaid
- ☐ Your 3 most recent pay stubs for yourself, spouse if you have one, and second parent if patient is a minor
- ☐ Copies of benefit award letters (pension, unemployment, disability, or Social Security Income)
- ☐ Include proof of income for all income sources you have listed on the application
- ☐ Your 2 most recent bank statements
- ☐ A copy of last filed tax return (including all schedules) or fill in **Line B under Section 3** on the form
- ☐ A copy of a photo ID, a valid Iowa driver's license, or permanent residency card

Please be aware:

- Missing documents or incomplete information will result in a delay in the processing of your application
- Please submit copies of all supporting documents, keep the original copies for your records
- Please continue making payments on your bill
- We will mail you a letter letting you know the outcome

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)

[Apply for Financial Assistance via MyChart](#)

OR you may mail, email or fax the complete form and other papers to:

University of Iowa Health Care
PFS – Financial Aid
3281 Ridgeway Dr. Suite 300
Coralville, IA 52241

Email: pfs-patientbilling@uiowa.edu

Fax: 319-356-2862

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: _____

Name(s) of Spouse and additional dependents (Use back of application if you need more room)	Date of Birth	Relation to Patient

Section 2: Employer and Insurance Information

Name of your Employer(s): _____

Name(s) of your insurance company: _____

Section 3: Income Information

Income Source each Month	Gross Monthly Income Amount	Gross Monthly Income Amount for Spouse or Second Parent	Please include the most recent copy of the items below
Wages <input type="checkbox"/>	\$	\$	Last three pay stubs
Self Employed <input type="checkbox"/>			Tax Return with schedules
Social Security <input type="checkbox"/>	\$	\$	Social Security award letter
Pension/Disability <input type="checkbox"/>	\$	\$	Pension/Disability letter
Rental Income <input type="checkbox"/>			Tax Return with schedules
Unemployment <input type="checkbox"/>	\$	\$	Unemployment letter
Workers' Compensation <input type="checkbox"/>			Worker's Compensation letter

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:

Line C: Do you have assets greater than \$25,000, not including your primary home and one vehicle? Yes No

- If you answered Yes, please list those assets and the estimated value of those assets below:

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 resident of the state of Iowa

Patient/Guarantor _____ Date _____

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