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:

- 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
- 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:
- 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)

Mail, email or fax the complete form and other papers to:

University of Iowa Hospitals and Clinics
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:__________________

Section 2: Employer and Insurance Information

Name of your Employer(s): _______________________________________________________________________________

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 Return with schedules</td>
</tr>
<tr>
<td>Social Security □</td>
<td>$</td>
<td>$</td>
<td>Social Security award 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 Return with schedules</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:

__________________________________________________________________________________________________________________________________________

Line C: Do you have assets greater than $25,000, not including your primary home and one vehicle?  Y/N

- 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**