



Dear Patient –

Thank you for choosing Colorado Canyons Hospital and Medical Center for all your healthcare needs. We strive to provide quality and affordable healthcare for all patients. We understand medical expenses are not an everyday occurrence and can quickly become overwhelming. We want to help ease the burden. Colorado Canyons Hospital and Medical Center offers programs to assist you with the financial aspect of taking care of yourself and your loved ones.

We offer multiple options such as interest free payment plans and are a participant in the Colorado Indigent Care Program (CICP). We can help determine if you and/or your love ones qualify for Health First Colorado and provide guidance on applying for the program. If you do not qualify for Health First Colorado we can process an application for the CICP program. If you do not quality for either of these programs, Colorado Canyons Hospital and Medical Center does offer in house assistance.

Please review and complete the attached application. In order to process your application, we do require supporting documentation. For a complete list of required documentation please make sure to review all information included in this packet. It is very important that the application be filled out completely, including your signature, and returned with the supporting documentation within 21 days from the date on the application. Failure to do so will slow down the application process and possibly result in your account(s) being sent to collections.

As always we are here to help improve your health; and that includes easing the strain of the financial burden of health care. Please feel free to contact our office at (970) 858-2782 or (970) 858-2508 with any questions or concerns you might have.

In Good Health.

Financial Assistance Required Documentation List

In order for us to process your application, you must submit ALL of the documents listed below. An application for assistance is required to be returned to our office with 21 days of the date listed on the application. The information received will remain confidential. **The collection process will continue until your financial assistance status is determined.**

Required Documents:

- The completed and signed financial assistance application.
- Proof of citizenship for all family members included in application (i.e. Driver's licenses or ID card, Birth Certificate, Military I.D.)
- Social Security #'s and Date of Birth for all family members included in application
- If employed, 3 months of current, consecutive paycheck stubs for patient and spouse along with documentation proving any additional income for the household (ie...alimony, child support, etc).
- If unemployed, 3 months of documentation supporting weekly/monthly unemployment income.
- Documentation to support any monthly expense listed on application (ie...mortgage statement, electric bill, water bill, etc.)
- Documentation to support any existing medical payment plans, receipts on any medical expenses paid in full within the last year, expenses for Elderly Care/Day Care, Alimony, Child Support, Health Ins Premiums
- Current bank statement to include all checking and savings accounts

Completing the application is not a guarantee you will be approved for any of our Financial Assistance Programs. Approval is based on verified annual household income and family size.

Return all required documentation and the application to 300 W Ottley Ave, Fruita, CO Attn: Financial Assistance.

Once your application has been reviewed, a letter of determination will be sent.

Please feel free to contact us if you have any questions, or are in need of further assistance. You may call (970) 858-2782 or (970) 858-2508 Monday through Friday, 9:00 a.m. to 4:30 p.m.

Thank you,

Financial Assistance Department

The Application Process

- Eligibility is based on pre-tax (gross) income. If it is determined that you or your loved one is eligible for the Health First Colorado (MCD) program you will receive notification from us referring you to the Department of Human Services (DHS) to apply for Health First Colorado. Make sure, during the application process, you let DHS know that you have current outstanding medical bills. DHS can potentially back date your approval to include the past 90 days. If you are approved for Health First Colorado, please notify our billing office as soon as possible so that we can submit your outstanding medical claims to Health First Colorado.
- If it is determined that your household exceeds the income limitations for the Health First Colorado program, it will then be determined if your household is eligible for Colorado Indigent Care Program (CICP). If you are eligible for CICP, an application will be processed on your behalf, you will then receive notification from us to schedule an appointment to meet with our financial counselor to sign the CICP application and to pick up your identification card issued by the program. The CICP program will cover medical expenses incurred over the 90 days prior to the date of approval.
- If it is determined that your household is not eligible for MCD or CICP (based on income, residence, or age of balance) an application for financial assistance will be processed on your behalf and you will receive a determination letter with the details of that outcome.

Most commonly asked questions:

- Why is the income limits based on pretax (gross) income?
 - Since programs allow for a reduction in income for certain expenses, if we used net income then those deductions would be counted twice.
- What happens if my balance is older than 90 days?
 - Your application will be processed for in house assistance only, as neither MCD nor CICP will apply to balance.
- How do I show expenses that are automatically deducted from my checking account?
 - Your bank statement will reflect any auto deductions and should include the name of the payee and the amount paid. If you pay by check you will need to supply a copy of the deduction as bank statements do not include the name or company of the recipient of a check.
- What happens if I pay cash for expenses (i.e cellular phone minutes)?
 - You will need to obtain a letter or a receipt from the recipient of your payment that includes date payment was made, who it is made to, and the amount of the payment.

- I pay a friend or family member for certain expenses. How do I prove that?
 - You will need to obtain a signed letter from the friend or family member to whom you are making these payments which includes their name and address, dates payments are made, what services are covered by these payments, how much is paid and their signature.
- Why does residence's matter?
 - Health First Colorado and CICP are programs that only Colorado residences are eligible for. If you live outside of Colorado then an in house application for assistance will be processed on your behalf.
- What is the difference between Health First Colorado, CICP, and in house assistance?
 - Health First Colorado is a Colorado state program that most providers and facilities accept. It helps patients by reducing their copays for medical services and is the most beneficial for patients who meet the criteria for the program.
 - CICP is also a state program but is only available for Colorado residence. Most providers do not accept CICP but most facilities in the state of Colorado do. It places patients on a sliding scale to help manage copays for medical expenses and requires patients to reapply on a yearly basis. The first and main step to this program is being denied MCD as you cannot be eligible for both state programs at the same time. This program will not cover services provided at our Infusion Center or Pain Procedures rendered at our Outpatient Pain Center.
 - In house assistance is a program that will assist with balance for services rendered only at Colorado Canyons Hospital on balances older than 90 days, for non-Colorado residences or for services not cover by the CICP program. The department reviews your application and considers your income vs your expense and your family size.



300 W Ottley Avenue
 P.O. Box 130
 Fruita, CO 81521
 (970) 858-3900
 Fax: (970) 858-5020

**Application for
 Financial Assistance**
 (Please print clearly)

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Social Security#: _____

Patient Account #(s): _____

Responsible Party's Name (if patient is a minor): _____

Responsible Party's SS#: _____

Physical Address (include city, state and zip): _____

Mailing Address (if different from Physical Address, include city, state, and zip): _____

Number of family members living in the home (spouse and dependents): _____

Family Information:

Name	Relationship to Patient	Date of Birth	Social Security Number

Income Verification (List all persons in household who are employed)

Name	Relationship to Patient	Employer's Name and Address	Pre-tax (gross) Monthly Income

Other Income (List monthly accounts)

Name	Relationship to Patient	Unemployment or Workers Comp	Social Security, Retirement or Pension	Alimony, Maintenance, Child Support	Other

Monthly Expenses

	Amount		Amount		Amount
Rent/Mortgage		Groceries	Auto Calculated	Cable/Satellite TV	
Electricity		Auto Gas	Auto Calculated	Day Care	
Gas/Propane		Insurance/Auto		Elder Care	
Water		Insurance/Health		Student Loan Payment	
Sewer		Insurance/Life		Loan Payment	
Trash		Monthly Prescriptions		Loan Payment	
Land Line Phone		Other Medical Payment Plans		Mesa County Taxes (not included in Housing)	
Cellular Phone		Child Support			
Internet Access		Alimony			

ACKNOWLEDGEMENT

I/We hereby certify that the information listed herein is true and correct to the best of my/our knowledge and give Colorado Canyons Hospital and Medical Center my/our permission to verify any information listed on this application. I/We understand that if I/we are granted financial assistance and I/we fail to meet my/our obligation to resolve any outstanding balance by either payment in full or by establishing and completing a payment plan, all financial assistance will be reversed and the full balance will be sent to collections.

Signature of Responsible Party: _____ Date: _____

CCHMC Office use only:

Date Issued:		Program Eligibility:	Determination Letter Sent:	
Average Monthly Income		Health First Colorado CICP In House Assistance	New Balance:	
Average Monthly Expenses		Rating: CICP _____ In House Assistance _____	Payment Arrangement Requested:	
CCHMC Balance				

Notes:

Approved by: _____

Date: _____