



## VALLEY HEALTH OFFERS DIFFERENT OPTIONS TO SETTLE ACCOUNTS:

1. Payment in full upon receipt of first statement or letter, or
2. Payment plan according to VH guidelines, or
3. Review for assistance with required completed Financial Information forms

To review your account(s) for extended payment plan and/or assistance, we request that you complete the enclosed Financial Information forms and return them to us **within 10 days**, with the following information:

1. **COMPLETE FRONT AND BACK OF THE FINANCIAL INFORMATION SHEET (FIS).** As Patient and/or Guarantor, you and your spouse must sign and date the FIS. List any payments that are past due. If the information requested does not apply, answer N/A.
2. **CURRENT PROOF OF ALL INCOME IN YOUR HOUSEHOLD.** Send proof of all income for the last **120 days** (4 months) from all family members. Family members include father, mother, brothers, sisters, and children.
  - a. For employment income, send all paycheck stubs for time period listed above.  
**Or**
  - b. Provide letter from employer(s) stating gross monthly income for time period listed above **OR** have employer complete the Employment Verification Sheet  
**And**
  - c. Proof of all other income in your household. This includes: child/spouse support, unemployment payment history ("Benefit Payment History"), worker's compensation payments, pensions, social security, TANF award letters, etc.

**\*\*IF YOU ARE RECEIVING SOCIAL SECURITY OR DISABILITY INCOME, PLEASE SEND A COPY OF YOUR CHECK OR A LETTER FROM SOCIAL SECURITY SHOWING MONTHLY INCOME OR A COPY OF YOUR BANK STATEMENT SHOWING A "US TREASURY" DEPOSIT AS PROOF OF YOUR INCOME.**

### **IF APPLYING FOR ASSISTANCE, ALSO INCLUDE INFORMATION BELOW:**

3. **IF SELF EMPLOYED, PLEASE COMPLETE THE SELF EMPLOYMENT DOCUMENT AND SEND A COPY OF SIGNED TAX RETURNS YOU FILE WITH THE FEDERAL GOVERNMENT (NOT A W-2).** If you do not have it, you can call the IRS at 1-800-829-1040 and ask for a transcript. Call us if you need additional time.
4. **STATEMENT OF SUPPORT.** If you are living with someone who provides you with a place to live and/or pay for your basic living needs, this person needs to complete the "Notarized Letter of Support".

"This is an attempt to collect a debt and any information obtained will be used for that purpose"

### **RETURN APPLICATION TO :**

P. O. Box 3340, Winchester, Virginia 22604-2540 **OR** Fax to: 540-536-7683  
866-414-4576 \* TDD 722-9302 \* TDD Emergency 667-5200

\_\_\_\_ Winchester Medical Center  
 \_\_\_\_ Shenandoah Mem Hospital

\_\_\_\_ Hampshire Memorial Hospital  
 \_\_\_\_ Page Memorial Hospital

\_\_\_\_ Warren Memorial Hospital  
 \_\_\_\_ Surgi Center

## FINANCIAL INFORMATION SHEET ("FIS")

Patient Name \_\_\_\_\_ Account \_\_\_\_\_ Date \_\_\_\_\_

### Guarantor

### Co-Guarantor – Spouse

First Name	Middle Initial	Last Name	First Name	Middle Initial	Last Name
Soc. Sec #	Date of Birth	# of Dependent Children (Living in home) & Ages	Soc. Sec #	Date of Birth	# of Dependent Children (Living in home) & Ages
<input type="checkbox"/> Married (legally) <input type="checkbox"/> Separated – how long? _____ <input type="checkbox"/> Unmarried (include single, divorced, widowed)			<input type="checkbox"/> Married (legally) <input type="checkbox"/> Separated – how long? _____ <input type="checkbox"/> Unmarried (include single, divorced, widowed)		
Present Address _____ _____			Present Address _____ _____		
Phone ( ) _____ How Long: _____ years _____ months			Phone ( ) _____ How Long: _____ years _____ months		
Previous Address (if less than two years at present) _____ _____			Previous Address (if less than two years at present) _____ _____		
<input type="checkbox"/> Buying <input type="checkbox"/> Own <input type="checkbox"/> Renting <input type="checkbox"/> Live with parents / family / friend			<input type="checkbox"/> Buying <input type="checkbox"/> Own <input type="checkbox"/> Renting <input type="checkbox"/> Live with parents / family / friend		
Employer Name & Address _____ _____			Employer Name & Address _____ _____		
Phone:		Hire Date:	Phone:		Hire Date:
How Long ____ yrs ____ mos	Position	Gross Mo. Income	How Long ____ yrs ____ Mos.	Position	Gross Mo. Income
Other Income \$	Source		Other Income \$	Source	
Previous Employer (if less than 1 year at present employer) _____ _____			Previous Employer (if less than 1 year at present employer) _____ _____		
Phone ( ) _____			Phone ( ) _____		
Hire Date:		Last Day at this job:	Hire Date:		Last Day at this job:
Nearest relative not living with you: Relationship: _____			Nearest relative not living with you: Relationship: _____		
Name _____			Name _____		
Address _____			Address _____		
Phone: ( ) _____			Phone: ( ) _____		

The undersigned certify that all statements made herein are true and complete and to be relied upon by this facility and/or its assignee and are made to induce this facility and/or its assignee to extend credit. The undersigned authorizes this facility and/or its assignee to investigate their credit, verify employment history and release information about this facility and/or assignees credit experience with them.

Guarantor \_\_\_\_\_ Date \_\_\_\_\_ Co-Guarantor \_\_\_\_\_ Date \_\_\_\_\_

ACCOUNT (S) \_\_\_\_\_

If no employment/income, what was your last day of employment (self) \_\_\_\_\_ (spouse) \_\_\_\_\_

Are you or your spouse receiving unemployment benefits? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how much per month? \$ \_\_\_\_\_ (enclose copy of Benefit Payment History from Employment Commission)

Did your household receive any money from any place else? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from where \_\_\_\_\_ how much per month \$ \_\_\_\_\_  
(Enclose proof for dates listed above) from where \_\_\_\_\_ how much per month \$ \_\_\_\_\_ (Enclose proof for dates listed above)

If no income listed, how are you paying your expenses? \_\_\_\_\_

How many dependents/exemptions did you claim on last years Tax Return?(include self, spouse, children) \_\_\_\_\_  
Will there be a change in number of dependents/exemptions claimed on this year's tax return, if so explain changes \_\_\_\_\_

**MONTHLY HOUSEHOLD EXPENSES**

I. List all loans/credit cards

To Whom Indebted	Monthly Payment	Present Balance	Current: Y/N?
1. Rent / Mortgage:			
2. Vehicle Loan:			
3.			
4.			
5.			
6.			
7.			
8.			

II. Monthly Household Expenses

Food: _____	Medicine: _____
Car Expense: _____ (Gas/Repairs)	Life Insurance: _____
Electricity: _____	Auto Insurance: _____
Water: _____	Homeowners Ins. _____
Phone: _____	Health Insurance: _____
Gas: _____ (Heat/Propane)	Cable: _____
Other: _____	