

3701 East Main Street  
Weatherford, OK 73096  
580-772-5551  
[www.WeatherfordHospital.com](http://www.WeatherfordHospital.com)

Return Date: \_\_\_\_\_



### **THE FINANCIAL ASSISTANCE /CHARITY CARE PROGRAM**

This program is designed to assist patients with account balances they may not be able to pay on their own. The Financial Assistance / Charity Program could provide the patient with a discount of 10% to 100% based on information and documentation returned with the application.

**APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT ALL REQUIRED DOCUMENTATION**

#### **Documentation Required:**

- ✓ Copy of the most recent family tax return AND/OR social security statement
- ✓ Copies of the previous month's receipts for all liabilities listed on the application

#### **Also, make sure:**

- ✓ The application is signed and dated
- ✓ Include a statement of situation and why additional assistance is needed / requested

#### **Please return applications to the Weatherford Hospital Business Office.**

Physical Location:	3701 E. Main Street	Weatherford, OK 73096	
Mail to:	3701 E. Main Street	Weatherford, OK 73096	Attn: Patient Accounts
Fax to:	580-774-0964	Attn: Patient Accounts	

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*All applications will be reviewed to determine for which program, if any, the applicant qualifies. The applicant will be notified of the review decision within 60-90 days of receipt of the application.*

*Weatherford Regional Hospital appreciates your decision to use our facility for your healthcare needs. If you have questions or wish to discuss payment options with an account representative, please call the Business Office (580-774-4754), Monday through Friday, 9:00 a.m. – 4:00 p.m.*

## WEATHERFORD REGIONAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION

Instructions: Please complete this form including all information for the entire household.  
If additional space is needed, attach a sheet of paper.

### PERSON REQUESTING ASSISTANCE

Guarantor Name: \_\_\_\_\_  
 Guarantor Number: \_\_\_\_\_  
 Patient Name(s): \_\_\_\_\_  
 Patient Number(s): \_\_\_\_\_  
 Account Balance: \_\_\_\_\_  
 Guarantor Address: \_\_\_\_\_

### FAMILY INCOME INFORMATION

List each member of the family and all sources of income (salaries, wages, disability, retirement, social security, rental income, child support, etc)

NAME	SSN	MONTHLY INCOME/SOURCE

**Assets**

Checking/Saving Acct \_\_\_\_\_  
 Stocks/Bonds \_\_\_\_\_  
 Life Insurance \_\_\_\_\_  
 Real Estate Owned \_\_\_\_\_  
 Investment-Business \_\_\_\_\_  
 Automobile \_\_\_\_\_  
**Other Assets**  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
**Total Assets** \_\_\_\_\_

**Liabilities**

House Pmt or Rent \_\_\_\_\_  
 Automobile \_\_\_\_\_  
 Medical Bills \_\_\_\_\_  
 Credit Card(s) \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Groceries \_\_\_\_\_  
**Other Debts**  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_  
**Total Liabilities** \_\_\_\_\_

**Documentation needed: Copy of the most recent family tax return  
Copies of the previous month's receipts for all liabilities listed on the application.**

