



VALLEY HEALTH OFFERS DIFFERENT OPTIONS TO SETTLE ACCOUNTS:

1. Payment in full upon receipt of first statement or letter, or
2. Payment plan to pay in full within 6 months with no interest according to VH guidelines
3. Extended payment plans according to VH guidelines. Under VH guidelines interest will be charged on extended payment plans
4. 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 **90days** (3 months) from all family members. Family members may include, spouse, father, mother, brothers, sisters, children and dependents claimed on taxes.
 - a. For employment income, send all paycheck stubs for time period listed above. **OR** provide letter from employer(s) stating gross monthly income for time period listed above **OR** have employer complete the Employment Verification Sheet

And

- b. 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, 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.**

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.

IF APPLYING FOR ASSISTANCE, ALSO INCLUDE INFORMATION BELOW:

4. **Proof of:** Savings, Checking, IRA's, or other retirement accounts. Value of stocks, bonds, money markets, etc.
5. **STATEMENT OF SUPPORT.** If you are living with someone who provides you with a place to live and/or pays 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

WAR

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: _____

Car Expense: _____ (Gas/Repairs)

Electricity: _____

Water: _____

Phone: _____

Gas: _____ (Heat/Propane)

Other: _____

Medicine: _____

Life Insurance: _____

Auto Insurance: _____

Homeowners Ins. _____

Health Insurance: _____

Cable: _____