

## Financial Assistance Application Supplemental MyChart Instructions

This is an application for financial assistance at Fred Hutchinson Cancer Center. This is the MyChart supplemental version. Please use this ONLY if you are applying through your MyChart account. Please upload this through the MyChart module. If you need to fill out the whole application, please navigate to our website to download the full application at [seattlecca.org/financialassistance](http://seattlecca.org/financialassistance). You can also request an application or information from the location where you are seeking care.

**Washington State requires all hospitals to provide financial assistance** to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. We provide Financial Assistance for any patient/guarantor whose gross family income is up to 300% of Federal Poverty Level (FPL) for a 100% discount. For dates after July 1, 2022, our thresholds expand to:

- 301-350% of FPL for a 75% discount and 25% patient responsibility
- 351-400% of FPL for a 50% discount and 50% patient responsibility

For more information, contact our Patient Account Representative at (206) 606-6226 or toll free at (800) 304-1763, Monday through Friday, 7:30 a.m. – 4 p.m. (Pacific Time).

### **What does financial assistance cover?**

The hospital financial assistance covers appropriate hospital-based services provided by Fred Hutchinson Cancer Center depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

### **If you have questions or need help completing this application:**

Please call our Patient Account Representative at (206) 606-6226 or toll free at (800) 304-1763. You may obtain help for any reason, including disability and language assistance.

**Note: You do not have to provide a Social Security number to apply for financial assistance.** If you provide us with your Social Security number, it will help speed up processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, mark “not applicable” or “NA.”

Be sure to keep a copy of the financial assistance application for yourself.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

***We want to help. Please submit your application promptly!***

***You may receive bills while your application is pending. Fred Hutchinson Cancer Center and UW Medicine may share information if needed to help patients seeking care at both institutions (within 90-days of completing an application). The approval period for each institution may differ.***

## Financial Assistance MyChart Supplemental Form

*This is the MyChart supplemental version. Please use this ONLY if you are applying through your MyChart account. Please upload this through the MyChart module. If you need to fill out the whole application, please navigate to our website to download the full application. [seattlecca.org/financialassistance](http://seattlecca.org/financialassistance). You can also request an application or information from the location where you are seeking care.*

*Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.*

### SCREENING INFORMATION

Do you need an interpreter? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>If Yes, list preferred language:</i>
Has the patient applied for Medicaid? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>May be required to apply before being considered for financial assistance</i>
Does the patient receive state public services such as TANF, Basic Food, or WIC? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Is the patient currently homeless? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Is the patient's medical care need related to a car accident or work injury? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

### PATIENT AND APPLICANT INFORMATION

Patient first name	Patient middle name	Patient last name
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (may specify _____)	Birth Date	Patient Social Security Number* <small>*See note on page 1 regarding Social Security Number</small>
<b>Contact Information</b>  Email Address: _____ Main contact number(s): <b>Home</b> ( ) _____ <b>Mobile</b> ( ) _____ <b>Work</b> ( ) _____		

### FAMILY INFORMATION

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

**FAMILY SIZE** \_\_\_\_\_ **DEPENDANTS** \_\_\_\_\_ *Attach additional page if needed*

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

**All adult family members' income must be disclosed. Sources of income include, for example:**

- Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI
- Child/spousal support - Work study programs (students) - Pension - Retirement account distributions
- Other (please explain \_\_\_\_\_)