University of Iowa Hospitals and Clinics is happy that you chose us for your healthcare needs. Thank you for asking about our financial aid program for residents of Iowa.

(Si necesita la ayuda de un intérprete o tiene alguna pregunta, por favor de llame al número (319) 356-1967)

When you apply you will need to:

- Have active, full coverage medical insurance to comply with the Federal Affordable Care Act (ACA)
- If no active full coverage you must have an exemption from the requirements of ACA
- Keep making payments on your bill
- Provide additional proof of income if your balance increases

The papers you will need to include with your application for financial aid are listed below

If the Patient Balance is Less Than $1,500

☐ Your signed application form with all information filled in completely
☐ Your Medicaid response letter, and if denied Medicaid, a response letter for the Medically Needy program
☐ Proof of active, full coverage medical insurance for the visits for which you are seeking assistance
☐ Include a copy of a photo ID. This could be an Iowa driver’s license or permanent residency card.

If the Patient Balance is between $1,500 and $5,000

☐ Your signed application form with all information filled in completely
☐ Your Medicaid response letter, and if denied Medicaid, a response letter for the Medically Needy program
☐ Proof of active, full coverage medical insurance for the visits for which you are seeking assistance
☐ Include past 3 pay stubs for yourself, spouse if you have one and second parent if patient is a minor
☐ Include proof of income for all income sources you have listed on the application
☐ Include a copy of a photo ID. This could be an Iowa driver’s license or permanent residency card.

If the Patient Balance is More Than $5,000

☐ Your signed application form with all information filled in completely
☐ Your Medicaid response letter, and if denied Medicaid, a response letter for the Medically Needy program
☐ Proof of active, full coverage medical insurance for the visits for which you are seeking assistance
☐ Include past 3 pay stubs for yourself, spouse if you have one and second parent if patient is a minor
☐ Include proof of income for all income sources you have listed on the application
☐ Include complete copy of your last filed tax return or fill in Line B under Section 3 on the form
☐ Include a copy of a photo ID. This could be an Iowa driver’s license or permanent residency card.

Mail the complete form and other papers to:
PFS - Financial Aid
200 Hawkins Drive
1215 RCP
Iowa City IA 52242-5500

OR

Email: pfs-patientbilling@uiowa.edu
Fax: 319-356-4743

• Missing documents or information will result in a delay in the processing of your application
• Please submit copies of all supporting documents, keep the original copies for your records
• We will send you a letter letting you know if you were approved.

If you have any questions call 866-393-4605.
Section 1: Patient and Guarantor Information

Patient Name: ______________________________________ Date of Birth: ____/____/______ Marital Status____________________

Guarantor Name (if patient is a minor) ______________________________     Contact Phone Number __________________________

Address _______________________________________ City:___________________ State:_________ Zip Code:__________________

<table>
<thead>
<tr>
<th>Name(s) of Spouse and additional dependents (Use back of application if you need more room)</th>
<th>Date of Birth</th>
<th>Relation to Patient</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Section 2: Insurance Information

Name(s) of your insurance company: ______________________________________________________________ _________________

Section 3: Income Information

<table>
<thead>
<tr>
<th>Income Source each Month</th>
<th>Gross Monthly Income Amount</th>
<th>Gross Monthly Income Amount for Spouse or Second Parent</th>
<th>IF YOUR BALANCE IS OVER $1,500: Please include the most recent copy of the items below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages □</td>
<td>$</td>
<td>$</td>
<td>Last three pay stubs</td>
</tr>
<tr>
<td>Self Employed □</td>
<td>$</td>
<td>$</td>
<td>Tax Schedule F, C or C EZ for self employed</td>
</tr>
<tr>
<td>Social Security □</td>
<td>$</td>
<td>$</td>
<td>Social Security letter</td>
</tr>
<tr>
<td>Pension/Disability □</td>
<td>$</td>
<td>$</td>
<td>Pension/Disability letter</td>
</tr>
<tr>
<td>Rental Income □</td>
<td>$</td>
<td>$</td>
<td>Tax Schedule E for rental income</td>
</tr>
<tr>
<td>Unemployment □</td>
<td>$</td>
<td>$</td>
<td>Unemployment letter</td>
</tr>
<tr>
<td>Workers’ Compensation □</td>
<td>$</td>
<td>$</td>
<td>Worker’s Compensation letter</td>
</tr>
</tbody>
</table>

Line A: If you have $0.00 income, please provide your last date of employment and tell us how you meet basic living needs:
____________________________________________________________________________________________________________________________________

Line B: If you did not file income taxes please tell us why:
____________________________________________________________________________________________________________________________________

By signing this form, I agree that:
• The information in this form is correct. It is against the law to give false information.
• UI Health Care may confirm the information in this form, or get a credit report.
• I am a current legal resident of the state of Iowa

Patient/Guarantor’s ______________________________________ Date _____________________

**Your application will not be accepted if there is incomplete or missing information**