1. Please complete the Patient Financial Assistance Application.

2. Attach an additional page if you need more space to answer any question.

3. You must provide proof of income documents when you submit this application. The following documents are required:
   a. If you filed a federal income tax return, you must submit a copy of:
      - 1040 Form
      - 1040EZ Form
      - 1040X Form
      - W2 Forms
   b. If you did not file a federal income tax return, please provide the following:
      - A letter explaining why you do not file a federal income tax return.
      - A letter explaining how you support your household.

4. Your application for assistance cannot be processed until all required information is provided.

5. It is important that you complete and submit the Financial Assistance Application along with all required attachments within fourteen (14) days.

6. You must sign and date the Financial Assistance Application. If the patient/responsible party and spouse provide a letter stating why they cannot sign, the application cannot be processed until the letter is submitted.

7. If you have questions, please call the Patient Business Office at (909) 651-4177, between the hours of 9:00 a.m. and 5:00 p.m. Monday through Thursday, and 9:00 a.m. to 2:00 p.m. on Friday (excluding weekends and holidays).

8. Send your completed Financial Assistance Application and all required documents to:

Loma Linda University Behavioral Medicine Center
Patient Business Office
P.O. Box 700
Loma Linda, CA 92354

Loma Linda University Behavioral Medicine Center

19-0332E (2-15)
1. Please complete all areas on the attached application form. If any area does not apply to you, write N/A in the space provided.

2. Attach an additional page if you need more space to answer any question.

3. You must provide proof of income documents when you submit this application. The following documents are accepted as proof of income:
   - If you filed a federal income tax return you must submit a copy of:
     - Federal income tax return (Form 1040) from the most recent year. You must include all schedules and attachments as submitted to the Internal Revenue Service.
   - If you did not file a federal income tax return, please provide the following:
     - Two (2) most recent paycheck stubs; and
     - A letter explaining why you do not file a federal income tax return.
   - If you have no income, or proof of income documents, please provide a letter explaining how you support yourself/family.

4. Your application for assistance cannot be processed until all required information is provided.

5. It is important that you complete and submit the Financial Assistance Application along with all required attachments within fourteen (14) days.

6. You must sign and date the Financial Assistance Application. If the patient/responsible party and spouse provide information, both must sign the application.

7. If you have questions, please call the Patient Business Office at (909) 651-4177, between the hours of 9:00 a.m. and 5:00 p.m. Monday through Thursday, and 9:00 a.m. to 2:00 p.m. on Friday (excluding weekends and holidays).

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   b. Two most recent paycheck stubs; and
   c. A letter explaining why you do not file a federal income tax return.

4. If you have no income, or proof of income documents, please provide a letter explaining how you support yourself/family.

5. Your application for assistance cannot be processed until all required information is provided.

6. You must sign and date the Financial Assistance Application. If the patient/responsible party and spouse provide information, both must sign the application.

7. If you have questions, please call the Patient Business Office at (909) 651-4177, between the hours of 9:00 a.m. and 5:00 p.m. Monday through Thursday, and 9:00 a.m. to 2:00 p.m. on Friday (excluding weekends and holidays). Weekends, holidays and after hours, please contact any Registration Representative for assistance.

8. Send your completed Financial Assistance Application and all required documents to:
   Loma Linda University Behavioral Medicine Center
   Patient Business Office
   P. O. Box 700
   Loma Linda, CA 92354

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<th>1. Income sources</th>
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**FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS**

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<th>3. Proof of income sources</th>
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<tbody>
<tr>
<td>a. Federal income tax return (Form 1040) from the most recent year. You must include all schedules and attachments as submitted to the Internal Revenue Service.</td>
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<td>b. Two most recent paycheck stubs; and</td>
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<td>c. A letter explaining why you do not file a federal income tax return.</td>
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<th>4. Proof of income sources</th>
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<td>If you have no income, or proof of income documents, please provide a letter explaining how you support yourself/family.</td>
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<th>5. Total income sources (summarize figures 1 - 3 in this section)</th>
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<th>6. Total income sources</th>
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<th>7. Total income sources</th>
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**Loma Linda University Behavioral Medicine Center**

**Patient Business Office**

**P. O. Box 700**

**Loma Linda, CA 92354**

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19-0332E (2-15)