FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

1. Please complete the Financial Assistance Application fully. If you have any 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).

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:
   a. Two (2) most recent paycheck stubs; and
   b. A letter explaining why you do not file a federal income tax return.

4. If you filed a federal income tax return you must submit a copy of:
   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.

5. If you did not file a federal income tax return, please provide the following:
   a. Two (2) most recent paycheck stubs; and
   b. A letter explaining why you do not file a federal income tax return.

6. You must sign and date the Financial Assistance Application. If the patient/responsible party and spouse provide self/family.

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). We also offer assistance during 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

Loma Linda University Behavioral Medicine Center

Page 1 of 3
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:

   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.

   b. Two (2) 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).

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

   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:
     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.
   - If you did not file a federal income tax return, please provide the following:
     a. Two (2) most recent paycheck stubs; and
     b. 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). 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

รายการค่าใช้จ่ายพิเศษ

กรุณาให้ข้อมูลเกี่ยวกับค่าใช้จ่ายพิเศษใดๆ เช่น ค่ารักษาพยาบาล การชาระเกินจากอัตราส่วน หรือการชาระเกินตามข้อตกลง (แบบรายการตามที่จำเป็น)

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โดยการลงชื่อข้างล่างนี้ ข้าพเจ้า/เราจะประกาศว่า ข้อมูลที่ให้เป็นจริงและถูกต้องตามความรู้ความสามารถที่สุดของข้าพเจ้า/เรา ข้าพเจ้า/เราจะให้ข้อมูล LLUBMC ในการตรวจสอบความถูกต้องของข้อมูลที่ระบุไว้ในสมัครนี้ ข้าพเจ้า/เราให้การอนุญาตโดยชัดเจนในการติดต่อกับนายจ้างของข้าพเจ้า/เรา

ลายมือชื่อของผู้ป่วย/บุคคลที่รับผิดชอบ

ลายมือชื่อของคู่สมรส

Loma Linda University Behavioral Medicine Center

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2019-0332E (2-15)