



PLEASANT VALLEY HOSPITAL

Pleasant Valley Hospital Financial Assistance Application

Mail To: Pleasant Valley Hospital Attn: Financial Counselor, 2520 Valley Drive, Point Pleasant WV 25550
304.675.4340 ext. 1394

- I am applying for **BASIC** financial assistance to receive a 69% discount off billed charges
I attest that I have an annual household income of less than \$125,000
I attest that I have no insurance OR that I am requesting insurance not to be billed

As part of this application, you must submit the following items:

- 1) Proof of household income-tax return, last 3 month's pay stubs, recent W-2, Social Security Benefits letter
- 2) Copies of your household's most recent bank statements

Patient Signature

Date

- I am applying for **ENHANCED** financial assistance to receive 100% discount off billed charges and attest that the information below is complete and accurate

As part of this application, you must complete all information listed on the following page and submit the following items:

- 1) Proof of household income-tax return, last 3 month's pay stubs, recent W-2, Social Security Benefits letter
- 2) Copies of your household's most recent bank statements
- 3) Proof of denied coverage from Medicaid

Patient Signature

Date



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Applicant's Name _____	Address _____
SSN _____	City, State, Zip _____
Birth Date _____	Employer _____
Phone Number _____	Annual Income _____

Spouse's Name _____	Employer _____
SSN _____	Annual Income _____
Birth Date _____	

Dependent Name _____	Birth Date _____
Dependent Name _____	Birth Date _____
Dependent Name _____	Birth Date _____
Dependent Name _____	Birth Date _____
Dependent Name _____	Birth Date _____

Other Income (Monthly Amounts)	
Pension \$ _____	Child Support \$ _____
Disability \$ _____	Unemployment \$ _____
Social Security \$ _____	Other \$ _____
Alimony \$ _____	

Banking	
Name of Bank _____	Checking Balance \$ _____
	Savings Balance \$ _____