



It is the policy of Bonner General Health to provide essential services regardless of the patient's ability to pay. Bonner General Health offers discounts based on family size and annual income.

Bonner General Health recognizes healthcare bills are often unexpected and can sometimes create financial hardship. In accordance with our mission to provide excellence in healthcare close to home, the **BGH Cares program** is available to all who are unable to pay for their services.

The BGH Cares program will base eligibility on a person's ability to pay and will not discriminate in the provision of services based on an individual's inability to pay; Medicare, Medicaid, or Children Health Insurance Program coverage; race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

If you wish to apply for the **BGH Cares program**, please complete the application.

- Please provide the previous two months income verification for all adults in the household: pay stubs, unemployment, profit/ loss summary if self-employed, Social Security income, disability payments, retirement, etc.
- Copies of tax returns may be requested before any discount is approved.
Please contact our office if you have questions regarding what is needed (208) 265-1158

Completed applications can be:

Delivered in person to the Patient Financial Services department at 423 N 3rd Ave Suite 225, Sandpoint

Faxed to: (208)-265-1278

Emailed to: BGHCARES@BONNERGENERAL.ORG

Or mailed to:

**PATIENT FINANCIAL ADVOCATE
BONNER GENERAL HEALTH
520 N 3RD AVE
SANDPOINT, ID 83864-1507**

Our decision will be based on the information you provide in the application along with any supporting documentation. If you have any questions about the **BGH Cares program** or would like to set up an appointment to meet with a financial advocate, please feel free to call our office at (208) 265-1158.



1. Patient Information

<i>Patient Name</i>		<i>Date of Birth</i>	
<i>Address:</i>		<i>City, State, Zip:</i>	<i>Phone Number:</i>
<i>Total Number of People in Household:</i>			

2. If patient is a minor or a dependent, please list responsible party here:

Name: _____ Date of Birth: _____ Relationship to Patient: _____

3. Other Individuals in Household:

<i>Name</i>	<i>Date of Birth</i>	<i>Name</i>	<i>Date of Birth</i>

4. Employment Information:

<i>Patient or Guarantor:</i>	<i>Other Adult in Household:</i>
Employer:	Employer:
Job Title:	Job Title:
Pay rate:	Pay rate:
Monthly Gross:	Monthly Gross:

5. Include income for all adults in the household. (Types include Business Income, Public Assistance, Social Security, Unemployment/Workers Comp, Child Support Payments, VA benefits, Rental Income, Alimony, Interest, and Dividends)

<u>Other Income Source and Amount</u>	<u>Current Total Family Monthly Income</u>	<u>Total Family Income Last 12 Months</u>

***If expenses are split, please fill out both columns. If expenses are shared only fill out first column*.**

6. Monthly Expenses

(not applicable for sliding scale consideration if applying for Behavioral Health, Family Practice or Sandpoint Women's Health)

Other Adult

Please circle one: Rent or Mortgage	\$	\$
Utilities (phone/cell, heat, electricity, propane, water/sewer/trash, cable)	\$	\$
Auto payments/Gas	\$	\$
Auto/Life/Medical/Dental Insurance Premiums	\$	\$
Food (unless on food stamps, then only non-food items)	\$	\$
Loans and/or Credit Card Payments	\$	\$
Prescriptions and Monthly Medical Payments to other providers	\$	\$
Other:	\$	\$

Total Monthly Expenses	\$	\$
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