

Assets		
Cash / Savings / Investments		
	Head of Household / Financial Guarantor	Spouse / Domestic Partner
Checking	\$:	\$:
Savings	\$:	\$:
CD	\$:	\$:
Stocks / Mutual Funds	\$:	\$:
Bonds	\$:	\$:
Annuities	\$:	\$:
Money Market	\$:	\$:
Trust Account	\$:	\$:
Other:	\$:	\$:

Additional Property (Does not include your primary residence)		
	Value	Mortgage Balance
Vacation / Second Home	\$:	\$:
Land	\$:	\$:
Rental Property	\$:	\$:

Documentation Required (required to process application)		
Income documents required if applicable <ul style="list-style-type: none"> • Most recent Federal Tax Return • Profit and Loss Statement • Two most recent pay stubs • Social Security Benefit Verification Letter • Written verification of earnings from your employer 	Assets documents required if applicable <ul style="list-style-type: none"> • Bank Statements • Investment Account Statements • Bond Statements • Secondary Property Tax Bill • Secondary Property Mortgage Statement 	

Please Read Carefully

I am requesting financial assistance from the Vermont partners of the University of Vermont Health Network. I verify that all information I have provided is accurate and complete. The University of Vermont Health Network has my permission to pursue verification of pertinent information and exchange information regarding my accounts, application and supporting documentation with its affiliated providers. Any incorrect, incomplete or false information provided may cancel my application for financial assistance. I agree to repay the full financial assistance award if I receive payment of any kind for the medical services covered by this financial assistance application. The University of Vermont Health Network is authorized to access credit bureau files and reports, now and in the future for collection purposes. This authorization is given pursuant to Title 9, Sec.2480e of VT Statutes. All information provided will remain confidential under the provisions of HIPAA federal regulations.

	Date
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Signature of Head of Household/Financial Guarantor

Comments / additional information you'd like to share...

Please mail your completed application to the UVMHN partner where you primarily receive your care. Please ensure you attach the required documentation to the application.

Central Vermont Medical Center Financial Assistance Program PO Box 547 Barre, VT 05641 Fax # 802-371-5339	Porter Medical Center Patient Financial Services Dept 115 Porter Drive Middlebury, VT 05753 Fax # 802-388-5696	University of Vermont Medical Center Financial Assistance Program Patient Access Department IDX 22052 111 Colchester Avenue Burlington, VT 05401 Fax # 802-847-7618
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