



# Carolinan HealthCare System Blue Ridge Coverage Assistance & Financial Assistance Application

Thank you for choosing Carolinas HealthCare System Blue Ridge for your health care needs. As a health care organization we are committed to assisting patients meet their health care financial needs. The following application's purpose is to aide a financial counselor in determining eligibility for coverage assistance or financial assistance, based on a patients need for medically necessary hospital treatment. To avoid any delays in processing your application please ensure it is completed in its entirety with all corresponding and supporting documentation.

To better serve you we ask that you make copies of all original documents as we do not keep paper files for more than 7 days from the date of an approval/denial. Please note all documents included with your application will be scanned into our system and properly disposed of after the stated time frame.

The following is a list of generally acceptable supporting documents (**Please attach all that may apply**):

- Income Statements (Pay Stubs, Pension, Social Security, etc...)
- Most current Tax Return and/or all W2's
- Banking Statements (Checking and Savings)
- 401K/CD'S/Certificates/Stocks/Bonds Statements
- Burial/Life Insurance Policy
- Mortgage Statement (Primary Residence/Land/Other Property)\*
- Vehicles/Boats/and other recreational vehicles\*

\*Please include tax statements and loan balances

## **IMPORTANT INFORMATION:**

### ***Eligibility Evaluation Process***

In order to determine the appropriate level of assistance, the facility will:

- Review completed Coverage Assistance and Financial Assistance application
- Review supporting documents and evaluate for coverage through different public and private programs
- Review all information from each member of the household as defined by federal tax guidelines
- Applications will be processed in a reasonable time period

### ***Eligibility Period***

- Will differ based on which private and/or public programs are applicable
- Individuals presumed eligible under the Financial Assistance guidelines will remain eligible for six months following the initial approval date
- The facility reserves the right to limit eligibility to a shorter period and/or may require periodic reviews to confirm continuing eligibility

### ***Eligibility Notification***

Applicants will receive a notification via mail of the eligibility determination after a financial counselor has reviewed and processed the application. Any questions regarding eligibility and coverage can be addressed by a Financial Counselor in person at Morganton (Grace) or Valdese campus. Financial Counselors can also be reached at the numbers listed below.

#### **Contact a Financial Counselor**

(828)580-5090 or (828)580-7576

#### **Mail Completed Application to:**

CHS Blue Ridge

Attention: Financial Counselor

2201 South Sterling Street

Morganton, NC 28655



# Carolinan HealthCare System Blue Ridge

## Kev Thov Kev Pab Tiv Thaiiv thiab Kev Pab Feem Nyiaj Txiag

Ua tsaug uas koj xaiv Carolinas HealthCare System Blue Ridge saib xyuas koj li kev noj qab haus huv. Yog ib lub chaw saib xyuas kev noj qab haus huv uas peb tau cog lus los muab kev saib xyuas rau cov neeg mob kom tau raws li qhov lawv them taus kev saib xyuas mob nkeeg. Lub homhiaj ntawm kev thov yog xav tau ib tug kws pab tswv yim txog feem nyiaj txiag los txiav txim txog qhov muaj cai rau cov kev pab tiv thaiiv thiab kev pab feem nyiaj txiag rau cov neeg mob uas xav tau kev khomob. Yuav zam kom tsis raug ncuu lub sijhawm saib xyuas koj daim ntawv thov, thov saib xyuas txhua yam ntaub ntawv pab txhawb kom muaj txhij txhua.

Yuav ua kom pab koj tau zoo, peb thov kom koj theej txhua cov qauv ntaub ntawv cia vim peb yuav tsis khaws cov ntaub ntawv no ntev dua 7 hnub txhij hnub tau pom zoo/tsis kam lees pab. Thov nco tseg tias txhua yam ntaub ntawv uas suav nrog koj daim ntawv thov yuav raug tshuaj xyuas rau hauv peb li txheej txheem tshuaj xyuas thiab yuav raug muab pov tseg tomqab tag lub sijhawm.

Cov ntaub ntawv muaj npe nram no yog cov ntaub ntawv pab txhawb uas raug lees paub (**Thov muab txhua yam ntaub ntawv uas phim tso nrog uake**):

- Cov Ntaub Ntawv Sau Txog Cov Nyiaj Tau Los (Cov Tw Them Nyiaj, Cov Nyiaj So Laus, Cov Nyiaj Social Security, thiab lwm yam nyiaj....)
- Cov Ntaub Ntawv Them Nqi Se Tam Sim No thiab/lossis tag nrho cov ntaub ntawv W2
- Cov Ntaub Ntawv Ua Los Hauv Lub Tuam Txhab Nyiaj (Cov Ntaub Ntawv Nyiaj Tshev thiab Cov Ntaub Ntawv Nyiaj Khaws Tseg)
- 401K/CD'S/Cov Ntaub Ntawv Pov Thawj/Cov Ntaub Ntawv Nqis Peev Ua Lag Luam/Cov Ntaub Ntawv Qiv Txais Nyiaj
- Cov Nyiaj Pab Kas Phais Faus Tuag/Cov Nyiaj Pab Kas Phais Txoj Sia
- Cov Ntaub Ntawv Them Nqi Yuav Tsev (Qhov Chaw Nyob/Thaj Av/Lwm Yam Khoom Muaj Nqi Tseem Ceeb)\*
- Cov Tsheb/Cov Nkoj/thiab lwm yam tsheb mus ncig ua si\*

\*Suav txog cov ntaub ntawv them se thiab cov ntaub ntawv nyiaj seem ntawm cov nyiaj qiv txais

### **COV NTAUB NTAUV TSEEM CEEB:**

#### ***Txheej Txheem Kev Tshuaj Ntsuam Xyuas Qhov Muaj Cai Tau Txais Kev Pab***

Yuav txiav txim seb puas tsim nyog tau txais kev pab, lub chaw haujlwm yuav:

- Saib Xyuas daim ntawv thov Kev Pab Tiv Thaiiv thiab Kev Pab Feem Nyiaj Txiag kom txhij txhua
- Saib xyuas cov ntaub ntawv pab txhawb thiab tshuaj ntsuam xyuas qhov raug tiv thaiiv los ntawm ntau yam kev pab txhawb sib txawv los ntawm tsoomfwv thiab cov chaw haujlwm ntiag tug.
- Saib xyuas txhua yam ntaub ntawv los ntawm txhua tus tswvcuab ntawm yim neeg raws li raug hais tseg rau hauv tsoomfwv txoj cai them se
- Yuav siv lub sijhawm los saib xyuas cov ntaub ntawv thov kom tsim nyog

#### ***Lub Sijhawm Muaj Cai Tau Txais Kev Pab***

- Yuav sib txawv raws li cov kev pab txhawb ntawm lub chaw haujlwm ntiag tug thiab/lossis ntawm tsoomfwv cov kev pab txhawb
- Cov neeg uas xav tias muaj cai tau txais kev pab raws li cov cai ntawm Kev Pab Feem Nyiaj Txiag tseem yuav muaj cai mus ntev li rau lub hli tomqab hnub pib pom zoo
- Lub chaw haujlwm tshwj tseg txoj cai txwv qhov muaj cai rau lub sijhawm luv dua thiab/lossis tej zaum xav tau ib lub sijhawm rov qab los saib xyuas dua ntxiv txhawm rau kev lees paub qhov muaj cai mus ntxiv

#### ***Daim Ntawv Ceebtoom Txog Qhov Muaj Cai Tau Txais Kev Pab***

Cov neeg thov yuav tau txais ib daim ntawv ceebtoom txog qhov txiav txim muaj cai tau txais kev pab tomqab tus kws pab tswv yim feem nyiaj txiag tau saib xyuas thiab txheeb xyuas daim ntawv thov. Txhua nqe lus nug ntsig txog qhov muaj cai tau txais kev pab thiab kev tiv thaiiv yuav raug txheeb xyuas los ntawm ib tug kws Pab Tswv Yim Feem Nyiaj Txiag rau ntawm nws tus kheej hauv lub chaw Morganton (Grace) lossis Valdese. Tuaj yeem hu xovtooj rau Cov Kws Pab Tswv Yim Feem Nyiaj Txiag raws li cov nab npawb xovtooj hauv qab no.

**Ib Tus Xovtooj Ntawm Ib Tug Kws Pab Tswv Yim Feem Nyiaj Txiag**  
(828)580-5090 lossis (828)580-7576

**Xa Daim Ntawv Sau Tiav mus rau:**  
CHS Blue Ridge  
Attention: Financial Counselor  
2201 South Sterling Street  
Morganton, NC 28655



# Carolinan HealthCare System – Blue Ridge

## Coverage Assistance & Financial Assistance Application

### Kev Thov Kev Pab Tiv Thaiv thiab Kev Pab Feem Nyiaj Txiag

Account# As qhaj #	
Date(s) of Service Cov Hnub Saib Xyuas	

The purpose of this form is to provide a Financial Counselor with the information required to determine the patient's eligibility for financial assistance with their CHS Blue Ridge hospital bill(s). To ensure a complete and thorough evaluation, please complete this form in its entirety.

*Lub homphiaj ntawm daim ntawv foos no yog muab cov ntaub ntawv xav tau koj los txiav txim qhov muaj cai tau txais kev pab nyiaj txiag ntawm tus neeg mob nrog rau lawv cov nqi khomob rau ntawm lawv lub tsev khomob CHS Blue Ridge qhia rau ib tug kws pab tswv yim feem nyiaj txiag. Yuav saib xyuas kom ua tiav thiab tshuaj ntsuam xyuas txhua txhia yam, thov sau daim ntawv foos no kom tiav tag nrho.*

Patient Demographics <i>Cov Ntaub Ntawv Ntiag Tug Ntawm Tus Neeg Mob</i>			
Patient's Full Name <i>Tus Neeg Mob Lub Npe thiab Lub Xeem</i>	Date of Birth <i>Hnub Yug</i>	Social Security# <i>Social Security#</i>	Marital Status <i>Qhov Muaj Txij Nkawm</i>
Physical Address <i>Qhov Chaw Nyob</i>	City, State and Zip Code <i>Lub Nroog, Lub Xeev thiab tus Zip Code</i>	Months/Yrs at This Address <i>Hlis/Xyoo ntawm Qhov Chaw Nyob No</i>	County <i>Lub Zos</i>
If the address where you live is different from your mailing address, please complete the 'mailing address' information below <i>Yog qhov chaw koj nyob txawv koj qhov chaw xa ntawv, thov qhia 'qhov chaw nyob xa ntawv' rau hauv qab no</i>			
Mailing Address <i>Xovtooj Hauv Tsev#</i>	City, State and Zip Code <i>Lub Nroog, Lub Xeev thiab tus Zip Code</i>	Months/Yrs at This Address <i>Hlis/Xyoo ntawm Qhov Chaw Nyob No</i>	County <i>Lub Zos</i>
Home Phone# <i>Xovtooj Hauv Tsev#</i>	Mobile Phone# <i>Xovtooj Ntawm Tes#</i>	Emergency Contact Name <i>Lub Npe Tiv Toj Thaum Muaj Xwm Txheej Kub Ntxhov Ceev</i>	Phone# <i>Xovtooj#</i>
City and State of Birth <i>Lub Nroog thiab Lub Xeev Yug</i>	Citizenship Status <i>Qhov Yog Neeg Xam Xaj</i>	Lived in U.S. Since <i>Tau nyob hauv Tebchaws Meskas Txij Thaum</i>	Copies of Your Documents? <i>Koj Cov Ntaub Ntawv Theej Tseg?</i>  <input type="checkbox"/> Yes (Yog) <input type="checkbox"/> No (Tsis Yog)

Health Insurance Information <i>Cov Ntaub Ntawv Pab Kas Phais Pov Hwm Kev Noj Qab Haus Huv</i>				
Provider - Primary Coverage <i>Lub Chaw Kuaj Mob - Kev Tiv Thaiv Xub Thawj</i>	Policy Holder Name <i>Lub Npe Ntawm Tus Tswv Yuav Pab Kas Phais</i>	Policy# <i>Pab Kas Phais#</i>	Group# <i>Pawg #</i>	Effective Date <i>Hnub Siv Tau</i>
Provider - Secondary Coverage <i>Lub Chaw Kuaj Mob - Kev Tiv Thaiv Qeb Ob</i>	Policy Holder Name <i>Lub Npe Ntawm Tus Tswv Yuav Pab Kas Phais</i>	Policy# <i>Pab Kas Phais#</i>	Group# <i>Pawg #</i>	Effective Date <i>Hnub Siv Tau</i>

Please list all household members below <i>Thov sau txhua tus tswvcuab hauv yim neeg rau hauv qab no</i>						
Name <i>Lub Npe</i>	Date of Birth <i>Hnub Yug</i>	Place of Birth <i>Qhov Chaw Yug</i>	SSN# <i>SSN#</i>	Relation to Patient <i>Kev Txheeb Ze rau Tus Neeg Mob</i>	Sex <i>Txivneej losyog Pojniam</i>	Race <i>Haiv Neeg</i>
1						
2						
3						

**Please list all household members below (continued from page 1)**  
**Thov sau txhua tus tswvcuab hauv yim neeg rau hauv qab no (txuas los ntawm nplooj 1)**

Name <i>Lub Npe</i>	Date of Birth <i>Hnub Yug</i>	Place of Birth <i>Qhov Chaw Yug</i>	SSN# <i>SSN#</i>	Relation to Patient <i>Kev Txheeb Ze rau Tus Neeg Mob</i>	Sex <i>Txivneej losyog Pajhlam</i>	Race <i>Haiv Neeg</i>
4						
5						
6						
7						

If there are more than 7 members of the household, please list in the 'notes' section on page 6 of this form  
 Yog muaj cov tswvcuab ntawm yim neeg ntau dua 7 leej, thov sau cov npe rau tshooj 'sau ntawv' ntawm nplooj 6 ntawm daim ntawv foos no

Education, Employment and Military Background <i>Kev Kawm Ntawv, Keeb Kwv Kev Ua Haujlwm thiab Ua Tub Rog</i>		Patient (mother if patient is a minor) <i>Tus Neeg Mob (leej niam yog tus neeg mob yog ib tug menyam yaus)</i>	Spouse (father if patient is a minor) <i>Tus Neeg Mob (leej txiv yog tus neeg mob yog ib tug menyam yaus)</i>
<b>Education</b> <i>Kev Kawm Ntawv</i>	Highest Grade Completed in School <i>Qeb Kawm Tiav Siab Kawg Nkaus hauv Tsev Kawm Ntawv</i>		
	Technical Skills <i>Txuj Ci Feem Kev Paub</i>		
<b>Current Employment</b> <i>Kev Ua Haujlwm Tam Sim No</i>	Currently Unemployed (check box if yes) <i>Tam Sim No Tsis Muaj Haujlwm Ua (khij rau kem plaub fab uas yog)</i>	<input type="checkbox"/> Fill-out 'past employment' section <i>Sau rau tshooj 'ua haujlwm yav dhau los'</i>	<input type="checkbox"/> Fill-out 'past employment' section <i>Sau rau tshooj 'ua haujlwm yav dhau los'</i>
	Company Name and Address <i>Lub Npe Ntawm Lub Tuam Txhab thiab Qhov Chaw Nyob</i>		
	Job Title / Type of Work Performed <i>Qeb Haujlwm / Hom Haujlwm Tau Ua</i>		
	Work Phone# <i>Xovtooj Ntawm Chaw Ua Haujlwm#</i>		
	Boss/Supervisor's Name <i>Lub Npe Ntawm Tus Thawj/Tus Kws Saib Xyuas Haujlwm</i>		
	Dates of Employment <i>Hnub Ua Haujlwm</i>		
Income and Pay Structure <i>Cov Nyiaj Tau Los thiab Txheej Txheem Kev Them Nqi</i>	____ hrs/wk (teev/asthiv) \$ ____ /hr (teev) ____ days/wk (hnub/asthiv) \$ ____ /day (hnub) Commission (Cov Nyiaj Muab Faib Rau) \$ ____ /mo (hlis) Annual (Ib Lub Xyoo Puaq Nciq) \$	____ hrs/wk (teev/asthiv) \$ ____ /hr (teev) ____ days/wk (hnub/asthiv) \$ ____ /day (hnub) Commission (Cov Nyiaj Muab Faib Rau) \$ ____ /mo (hlis) Annual (Ib Lub Xyoo Puaq Nciq) \$	
<b>Past Employment</b> <i>Kev Ua Haujlwm Yav Dhau Los</i>	Company Name and Address <i>Lub Npe Ntawm Lub Tuam Txhab thiab Qhov Chaw Nyob</i>		
	Job Title / Type of Work Performed <i>Qeb Haujlwm / Hom Haujlwm Tau Ua</i>		
	Dates of Employment <i>Hnub Ua Haujlwm</i>		
	Income and Pay Structure (Cov Nyiaj Tau Los thiab Txheej Txheem Kev Them Nqi)	____ hrs/wk (teev/asthiv) \$ ____ /hr (teev) ____ days/wk (hnub/asthiv) \$ ____ /day (hnub) Commission (Cov Nyiaj Muab Faib Rau) \$ ____ /mo (hlis) Annual (Ib Lub Xyoo Puaq Nciq) \$	____ hrs/wk (teev/asthiv) \$ ____ /hr (teev) ____ days/wk (hnub/asthiv) \$ ____ /day (hnub) Commission (Cov Nyiaj Muab Faib Rau) \$ ____ /mo (hlis) Annual (Ib Lub Xyoo Puaq Nciq) \$

COBRA COBRA	Has a member of the household lost their job within the past 60 days? <i>Hauv lub sijhawm 60 hnub dhau los puas muaj ib tug tswv cuab ntawm yim neeg poob lawv txoj haujlwm?</i>		<input type="checkbox"/> Yes ( <i>Muaj</i> ) <input type="checkbox"/> No ( <i>Tsis Muaj</i> )	
	Did he/she receive a COBRA election notice? <i>Nws puas tau txais ib daim ntawv ceebtom kev xaiv COBRA?</i>		<input type="checkbox"/> Yes ( <i>Tau</i> ) <input type="checkbox"/> No ( <i>Tsis Tau</i> )	
	Did he/she elect COBRA coverage? <i>Nws puas tau xaiv qhov kev tiv thaiv COBRA?</i>		<input type="checkbox"/> Yes ( <i>Tau</i> ) <input type="checkbox"/> No ( <i>Tsis Tau</i> )	
	If he/she did not elect COBRA coverage, please check one: <i>Yog nws tsis tau xaiv qhov kev tiv thaiv COBRA, thov khij rau ib qho:</i>		<input type="checkbox"/> premiums too expensive <i>cov nqi pab kas phais kim heev</i>	<input type="checkbox"/> new coverage <i>kev tiv thaiv tshiab</i>
Military Service <i>Ua Tub Rog</i>	Branch <i>Lub Chaw Haujlwm Ncau</i>	Dates Enlisted <i>Hnub Thov Ua Tub Rog</i>	Rank <i>Qeb</i>	Serial# <i>Serial#</i>

Insurance Information <i>Cov Ntaub Ntawv Pab Kas Phais</i>					
Life Insurance <i>Pab Kas Phais Txoj Sia</i>	Company <i>Tuam Txhab</i>	Policy Holder <i>Tus Tswv Yuav Pab Kas Phais</i>	Face Value <i>Tus Nqi Raws Li Sau Tse</i>	Policy Type <i>Hom Pab Kas Phais</i>	Cash Value <i>Cov Nyiaj Ntsuab</i>
Burial Insurance/Contract <i>Cov Ntaub Ntawv Pab Kas Phais Kev Faus Tuag/Tsab Ntawv Cog Lus</i>	Company <i>Tuam Txhab</i>	Policy Holder <i>Tus Tswv Yuav Pab Kas Phais</i>	Face Value <i>Tus Nqi Raws Li Sau Tse</i>	Policy Type <i>Hom Pab Kas Phais</i>	Cash Value <i>Cov Nyiaj Ntsuab</i>

Income (3 month history) <i>Cov Nyiaj Tau Los (3 lub hlis dhau los)</i>	Patient (mother if patient is a minor) <i>Tus Neeg Mob (leej niam yog tus neeg mob yog ib tug menyuam yaus)</i>			Spouse (father if patient is a minor) <i>Tus Neeg Mob (leej txiv yog tus neeg mob yog ib tug menyuam yaus)</i>		
	Last month <i>Lub Hlis Dhau Los</i>	2 months ago <i>2 lub hlis dhau los</i>	3 months ago <i>3 lub hlis dhau los</i>	Last month <i>Lub Hlis Dhau Los</i>	2 months ago <i>2 lub hlis dhau los</i>	3 months ago <i>3 lub hlis dhau los</i>
Wages <i>Nqi Dag Zog</i>						
Pension/Retirement <i>Nyiaj So Laus/Nyiaj So Haujlwm</i>						
Social Security Retirement <i>Cov Nyiaj So Haujlwm Los Ntawm Social Security</i>						
Social Security Disability <i>Cov Nyiaj Xiam Oob Qhab Los Ntawm Social Security</i>						
Supplemental Security Income <i>Cov Nyiaj Pab Txhawb Ntxiv Rau Feem Kev Ruaj Ntseg</i>						
VA Benefits <i>Cov Nyiaj Qub Tub Rog</i>						
Unemployment <i>Tsis Muaj Haujlwm Ua</i>						
Child Support <i>Pab Tu Menyua</i>						
Food Stamps <i>Pab Khoom Noj</i>						
Other (Workfirst, etc.) <i>Lwm yam (Workfirst, thiab lwm yam.)</i>						
Statement of Verification <i>Cov Ntaub Ntawv Ua Pov Thawj</i>	Do you have pay stubs/verification to confirm pay? <i>Koj puas muaj cov tw them nqi/cov ntaub ntawv ua pov thawj lees paub txog kev them nqi?</i> <input type="checkbox"/> Yes ( <i>Muaj</i> ) <input type="checkbox"/> No ( <i>Tsis Muaj</i> )			Do you have pay stubs/verification to confirm pay? <i>Koj puas muaj cov tw them nqi/cov ntaub ntawv ua pov thawj lees paub txog kev them nqi?</i> <input type="checkbox"/> Yes ( <i>Muaj</i> ) <input type="checkbox"/> No ( <i>Tsis Muaj</i> )		

<b>Expenses</b> <i>Cov Nqi Siv Nyiaj</i>	<b>Payments for (name)</b> <i>Kev them nqi rau (lub npe)</i>	<b>Payment Amount</b> <i>Cov Nyiaj Them</i>	<b>Paid to (name and address)</b> <i>Tau them rau (lub npe thiab qhov chaw nyob)</i>
<b>Child Support/Care</b> <i>Pab Tu/Saib Xyuas Menyuum</i>			
<b>Alimony</b> <i>Cov Nyiaj Them Rau Tus</i> <i>Pojniam uas Muab Nrauj</i> <i>Lawm</i>			

<b>Statement of Support</b> <i>Cov Ntaub Ntawv Pab</i> <i>Txhawb</i>	<p>I certify that I have been unemployed for the last _____ <input type="checkbox"/> months <input type="checkbox"/> years. As a result of being unemployed, I receive food, shelter and clothes from _____, relationship, _____.</p> <p><i>Kuv lees tias kuv tsis muaj haujlwm ua los tau _____ <input type="checkbox"/> hlis <input type="checkbox"/> xyoo. Vim qhov tsis muaj haujlwm ua, kuv tau txais khoom noj, tsev nyob thiab ris tsho los ntawm _____, kev txheeb ze, _____.</i></p>
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<b>Property</b> <i>Yam Khoom Muaj Nqi</i>	<b>Address</b> <i>Chaw Nyob</i>	<b>Ownership</b> <i>Yog Tus Tswv</i>	<b>Tax Value</b> <i>Cov Nqi Se</i>	<b>Loan Balance</b> <i>Cov Nyiaj Qiv</i> <i>Txais Seem</i>	<b>Mortgage Co</b> <i>Co. Hipotecaria</i>
<b>Primary Residence</b> <i>Qhov Chaw Xub Thawj</i>		<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav nyob</i>			
<b>Other Property</b> <i>Lwm Yam Khoom Muaj Nqi</i>		<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav nyob</i>			
<b>Other Property</b> <i>Lwm Yam Khoom Muaj Nqi</i>		<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav nyob</i>			
<b>Other Property</b> <i>Lwm Yam Khoom Muaj Nqi</i>		<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav nyob</i>			

<b>Assets</b> <i>Cov Khoom Muaj Nuj</i> <i>Nqi</i>	<b>Make/Model</b> <i>Tsim Ua/Hom Qauv</i>	<b>Ownership</b> <i>Yog Tus Tswv</i>	<b>Tax Value</b> <i>Cov Nqi Se</i>	<b>Loan Balance</b> <i>Cov Nyiaj Qiv</i> <i>Txais Seem</i>	<b>Bank/Lender</b> <i>Tuam Txhab</i> <i>Nyiaj/Tus Muab Nyiaj Rau Qiv Txais</i>
Automobiles <i>Tsheb</i>	1	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
	2	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
	3	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
Motorcycles <i>Tsheb Cav</i>	1	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
	2	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
Boats <i>Nkoj</i>	1	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
	2	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
Trailers/RVs <i>Tsheb Cab/RVs</i>	1	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			
	2	<input type="checkbox"/> own <input type="checkbox"/> rent <i>tus kheej li ntiav siv</i>			

If there are additional assets within the categories listed above, please include these in the notes section on page 6 of this form.  
*Yog muaj lwm yam khoom muaj nqi nqi raws li hom muaj npe hais los saum toj saud, thov sau cov khoom no rau nploj 6 ntawm daim ntawv foos no.*

<b>Banking/Investments</b> <i>Tuam Txhab Nyiaj/Kev Nqis Peev</i>	<b>Institution</b> <i>Lub Chaw Haujlwm</i>	<b>Balance</b> <i>Cov Nyiaj Seem</i>	<b>Account#</b> <i>As qhaj#</i>	<b>Account Holder(s)</b> <i>Cov Tswv As Qhaj</i>
Checking <i>Nyiaj Tshv</i>	1			<input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <i>Tus Neeg Mob Tus Txij Nkawm Sib Koom Uake</i>
	2			<input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <i>Tus Neeg Mob Tus Txij Nkawm Sib Koom Uake</i>
Savings <i>Cov Nyiaj Khaws Tseg</i>	1			<input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <i>Tus Neeg Mob Tus Txij Nkawm Sib Koom Uake</i>
	2			<input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <i>Tus Neeg Mob Tus Txij Nkawm Sib Koom Uake</i>
CDs <i>CDs</i>				
401K / IRA <i>401K / IRA</i>				
Stocks/Bonds <i>Cov Nyiaj Nqis Peev Ua Lag Luam/Cov Nyiaj Cog Lus</i>				
Other (trust fund, etc.) <i>Lwm yam (cov nyiaj pab txhawb, thiab lwm yam)</i>				

<b>Medical Bills</b> <i>Cov Ntawv Nqi Khomob</i>	Does the patient have old medical bills within two years? <i>Tus neeg mob puas muaj cov ntawv nqi qub hauv lub sijhawm ob lub xyoos dhau las?</i>	<input type="checkbox"/> Yes ( <i>Muaj</i> ) <input type="checkbox"/> No <i>(Tsis Muaj)</i>	Total Amount <i>Tag Nrho Cov Nyiaj</i>
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<b>Acknowledgement and Signatures</b> <i>Kev Lees Paub thiab Kev Kos Npe</i>			
I hereby certify that the information provided in this Patient Financial Statement is true, accurate and complete to the best of my knowledge. I hereby authorize the Hospital to contact any person, firm or organization to verify any of the information given and I hereby authorize any such person, firm or organization to release to the Hospital any financial information it may request. <i>Kuv lees paub tias cov ntaub ntawv uas tau muab qhia rau hauv Cov Ntaub Ntawv Feem Nyiaj Txiaj Ntawm Tus Neeg Mob no yeej muaj tseeb tiag, yeej raug thiab ua tiav txhij txhua raws li kuv qhov kev paub lawm. Yog li ntawd kuv thiab tso cai rau Lub Tsev Khomob hu rau ib tug neeg, ib lub tuam txhab lossis ib lub chaw haujlwm mus txheeb xyuas cov ntaub ntawv uas tau muab qhia rau lawv thiab kuv tso cai rau tus neeg no, lub tuam txhab lossis lub chaw haujlwm no muab cov ntaub ntawv feem nyiaj txiaj tshaj tawm rau Lub Tsev Khomob voq lawv thov txog.</i>			
Signature: <i>Kos Npe:</i>	Relationship to Patient: <i>Kev Txheeb Ze rau Tus Neeg Mob:</i>		Date <i>Hnub</i>
Witness Signature: <i>Firma del Testigo</i>	Relationship to Patient: <i>Kev Txheeb Ze rau Tus Neeg Mob:</i>		Date <i>Hnub</i>

<b>For Financial Counseling Personnel</b> <i>Rau Feem Pab Tswv Yim Txog Feem Nyiaj Txiaj</i>	
Form Completed By (name)	Date
Form Completed via: <input type="checkbox"/> Bedside Interview <input type="checkbox"/> Phone Interview <input type="checkbox"/> Mail-in	
Based on the information provided, the patient may be eligible for the following program(s): <input type="checkbox"/> COBRA <input type="checkbox"/> Victim's Assistance <input type="checkbox"/> Medicaid - program(s) <input type="checkbox"/> IHF <input type="checkbox"/> Financial Assistance	Financial Counselor (name):

**Contact a Financial Counselor**  
(828)580-5090 or (828)580-7576

Mail Completed Application to:  
CHS Blue Ridge  
Attention: Financial Counseling  
2201 South Sterling Street  
Morganton, NC 28655