



Dear Patient,

You may be eligible for financial assistance from Alice Peck Day Memorial Hospital and possibly other NH Health Access Network providers.

The NH Health Access Network is a group of hospitals, doctors and other health care providers in New Hampshire that work together to help children and adults when they can't afford the health care they need.

To get financial help through the NH Health Access Network, you must have tried to get, and been refused, all other sources of payment including insurance, public assistance, or a lawsuit.

To find out if you or your household qualifies, you must give us proof of your income. Please fill out the attached application and sign it. Then, please send us that application and a COPY of each of the following for your household: **Please note that if any of the below pertains to your financial information and is not received in whole it will result in an incomplete letter being sent to you and will hold up your application process.**

1. Complete copy of your most recent Federal Income Tax Return and all schedules.
2. Last year's W-2 forms
3. Copies of the three (3) most recent, consecutive paycheck stubs or a statement from the employer
4. Complete copies of three (3) most recent bank statements (e.g., savings, checking, money market, IRA, 401K, etc.) **THIS INCLUDES ALL PAGES OF YOUR BANK STATEMENTS AND CHECK COPIES.**
5. Copies of unemployment or disability compensation benefits statements
6. Copies of pension benefits stubs
7. Copies of social security income (yearly benefits statements, copy of check or direct deposit)
8. Copy of Food Stamp allocation
9. Copies of government assistance notices (including Department of Health & Human Services)



ALICE PECK DAY MEMORIAL HOSPITAL



Please use the above checklist to confirm that all required information is included to quickly and correctly process your application. We may ask you for additional information about your credit evaluation and income tax return. The information you provide is confidential.

You will continue to be financially responsible for any services you receive until we have learned whether you qualify for help.

If you have not heard from us in 30 days after returning your application, or you need help in understanding it, please call Patient Access at (603) 448-3121.

Sincerely,

Patient Access
Alice Peck Day Health Systems
603-448-3121



Financial Assistance: Checklist

Please make sure that you have answered all the questions on the application and included copies of documents that apply to you.

_____ Did you sign page 2 of the application?

_____ Did you enclose a complete copy of your most recent Federal tax return and W2 forms? (The tax return is the form you fill out and send to the IRS – The W2 is the form your employer provides you with)

_____ Did you enclose copies of 3 recent pay stubs?

_____ Did you enclose copies of bank statements for the last 3 months?

_____ If you own other property in addition to your primary residence. Please include the property tax receipt.

If you are currently unemployed, what was your last day of work? _____

If you are temporarily out of work, do you expect to return to the same job?

_____ Yes _____ No If so, when? _____

If you did not enclose a copy of last year’s tax return, please indicate reason why:

_____ Do not have to file – retired

_____ Did not make enough money to file

_____ Did not keep a copy of last year’s tax return.

What monthly payment would you be able to make toward your Hospital bill? \$ _____

What monthly payment would you be able to make toward your clinic bill? \$ _____