



RE: Patient –  
Account Number –  
Date of Service and/or Balance Due –

You have indicated that you need assistance with your hospital bill. In order for us to evaluate your financial situation, the following documents are required:

- A completed **Financial Evaluation Form** (enclosed);
- A copy of your most current Federal tax form(s) with ALL schedules, including W-2(s);
- A copy of your most recent three (3) paycheck stubs for you and anyone working within your household;
- A copy of your most recent three (3) bank statements for each account that you have;
- A list of your outstanding medical debts and monthly pharmacy costs; and
- The name and telephone number for your Medicaid caseworker, if applicable.
- Other: \_\_\_\_\_

**Please be advised that if the information requested is not received within the next 30 days, we will continue our normal billing practice.**

Thank you for your cooperation.

Please return to:

St. Vincent Health  
Patient Financial Services  
10330 North Meridian St.  
Suite 200  
Indianapolis, IN 46290

Should you have additional questions, please contact Customer Service at 866-435-2078.





Proof of Income for  
Self-Employed Patients/Responsible Party Worksheet

Dear \_\_\_\_\_ :

It is our understanding that you have requested financial assistance for your healthcare services and are unable to produce the normal routine documentation due to your self-employed status. Please provide the following information for the last eight (8) weeks:

Week	Business Income	Business Expenses	Your "Take Home" Pay
1	\$ .	\$ .	\$ .
2	\$ .	\$ .	\$ .
3	\$ .	\$ .	\$ .
4	\$ .	\$ .	\$ .
5	\$ .	\$ .	\$ .
6	\$ .	\$ .	\$ .
7	\$ .	\$ .	\$ .
8	\$ .	\$ .	\$ .
Total	\$ .	\$ .	\$ .

Return this information immediately upon completion to:

**St. Vincent Health  
Patient Financial Services  
10330 North Meridian St.  
Suite 200  
Indianapolis, IN 46290**

Sincerely,

St. Vincent Health