



FINANCIAL ASSISTANCE DISCLOSURE

- Thank you for completing the information below, In addition to the completed form, we will need a copy of last year’s tax return, W2’s, 2 recent pay stubs. Please return your application and supporting documentation as soon as possible to ensure timely processing.
- Financial Assistance applies to facility charges only. Discounts do not apply to third parties involved in patient’s care. Examples of third parties involved in patient’s care include but are not limited to Emergency Room Physicians, Radiologists, and Anesthesiologists.

PATIENT INFORMATION		
Patient Name	Account #	Estimate/Balance
Date of Birth		

Income

This form verifies income for 12 months. Family income includes combined income of spouse and children from the following: salary and wages, earnings from self-employment, social security, retirement, pension income, and other sources of income.

Patient's Total Family Income \$ _____

Family Size

Please list the names and DOB of your spouse and children (age 26 and under, still living at home, if any):

Name	DOB	Name	DOB
1.)		5.)	
2.)		6.)	
3.)		7.)	
4.)		8.)	

Agreement

I certify that the information provided in this financial disclosure worksheet and on any attachments is accurate and complete to the best of my knowledge, by signing below, I authorize WMRMC to verify any credit and employment history, including running a credit report as necessary to asses financial need. I further understand that I must update this information if requested and/or if my financial situation changes.

Applicant/Guarantor Signature Date

Proof of income attached

PROVIDER ONLY – DO NOT USE			
Total Annual Income	Number in Family		
Total approved for charity/installments		Date Determination Letter Mailed	
Authorization Level I	Authorization Level II		

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Poverty Level	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%	200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%
1	\$ 15,960	\$ 19,950	\$ 20,748	\$ 21,227	\$ 21,546	\$ 22,026	\$ 23,940	\$ 27,930	\$ 28,728	\$ 29,526	\$ 31,920
2	\$ 21,640	\$ 27,050	\$ 28,132	\$ 28,781	\$ 29,124	\$ 29,863	\$ 32,460	\$ 37,870	\$ 38,952	\$ 40,034	\$ 43,280
3	\$ 27,320	\$ 34,150	\$ 35,516	\$ 36,336	\$ 26,882	\$ 37,702	\$ 40,980	\$ 47,810	\$ 49,176	\$ 50,542	\$ 54,640
4	\$ 33,000	\$ 41,250	\$ 42,900	\$ 43,890	\$ 44,550	\$ 45,540	\$ 49,500	\$ 57,750	\$ 59,400	\$ 61,050	\$ 66,000
5	\$ 38,680	\$ 48,350	\$ 50,284	\$ 51,444	\$ 52,218	\$ 53,378	\$ 58,020	\$ 67,690	\$ 69,624	\$ 71,558	\$ 77,360
6	\$ 44,360	\$ 55,450	\$ 57,668	\$ 58,999	\$ 59,886	\$ 61,217	\$ 66,540	\$ 77,630	\$ 79,848	\$ 82,066	\$ 88,720
7	\$ 50,040	\$ 62,550	\$ 65,052	\$ 66,553	\$ 67,554	\$ 69,055	\$ 75,060	\$ 87,570	\$ 90,072	\$ 92,574	\$ 100,080
8	\$ 55,720	\$ 59,650	\$ 72,436	\$ 74,108	\$ 75,222	\$ 76,894	\$ 83,580	\$ 97,510	\$ 100,296	\$ 103,082	\$ 111,440
9	\$ 61,400	\$ 76,750	\$ 89,820	\$ 81,662	\$ 82,890	\$ 84,732	\$ 92,100	\$ 107,450	\$ 110,520	\$ 113,590	\$ 122,800
10	\$ 67,080	\$ 83,850	\$ 87,204	\$ 89,216	\$ 90,558	\$ 92,570	\$ 100,620	\$ 117,390	\$ 120,744	\$ 124,098	\$ 134,160
11	\$ 72,760	\$ 90,950	\$ 94,588	\$ 96,771	\$ 98,226	\$ 100,409	\$ 109,140	\$ 127,330	\$ 130,968	\$ 134,606	\$ 145,520
12	\$ 78,440	\$ 98,050	\$ 101,972	\$ 104,325	\$ 105,894	\$ 108,247	\$ 117,660	\$ 137,270	\$ 141,192	\$ 145,114	\$ 156,880
13	\$ 84,120	\$ 105,150	\$ 109,356	\$ 111,880	\$ 113,562	\$ 116,086	\$ 126,180	\$ 147,210	\$ 151,416	\$ 155,622	\$ 168,240
14	\$ 89,800	\$ 112,250	\$ 116,740	\$ 119,434	\$ 121,230	\$ 123,924	\$ 134,700	\$ 157,150	\$ 161,640	\$ 166,130	\$ 179,600

*Based on the 2026 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

Poverty Guidelines aspe.hhs.gov