




Financial Assistance Application

Please complete this application as accurately as possible and attach all requested documentation. There is space on the back of this form to include any additional information or to explain any missing documentation. For help on filling out the form, contact us at:

 877.800.5668

 patientforms@airmethods.com

Patient Name: _____ SSN: _____ - _____ - _____ Date of Birth: _____

A. HOUSEHOLD INFORMATION

Is a parent or other financially responsible individual completing this application for the patient? YES NO
 If "yes," please provide the name and other information for the financially responsible individual below and answer all remaining questions in this application for that individual instead of for the patient.

Name:	SSN: - -	Date of Birth:
Spouse (or check if N/A <input type="checkbox"/>):	SSN: - -	Date of Birth:

Total number of persons in household (including patient and financially responsible individual): _____

B. SIGNIFICANT LIFE EVENTS

In the past 12 months, have you experienced any of the following? Only answer if you would like us to consider these events in deciding if you are eligible for assistance. Please attach proof of each event, such as a notice of foreclosure/eviction, death certificate, etc.

Lost your job? <input type="checkbox"/>	Filed for bankruptcy? <input type="checkbox"/>	Been evicted? <input type="checkbox"/>	Death in immediate family? <input type="checkbox"/>
Filed for divorce? <input type="checkbox"/>	Foreclosure on house? <input type="checkbox"/>	Became disabled? <input type="checkbox"/>	Any other life event we should consider? <input type="checkbox"/>

If you checked any of the above, please provide the date(s) of the event(s): _____

C. WAGES OR SALARY INFORMATION

Are you employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is your spouse employed? YES <input type="checkbox"/> NO <input type="checkbox"/>
Your employer:	Spouse employer:
Your position/title:	Spouse Position/title:
Wages/Salary: \$ _____ per Hour Wk Mnth Year (circle one)	Wages/Salary: \$ _____ per Hour Wk Mnth Year (circle one)
If hourly, average hours worked: _____ per Wk Mnth (circle one)	If hourly, average hours worked: _____ per Wk Mnth (circle one)

D. OTHER SOURCES OF INCOME AND ASSETS/RESOURCES

If anyone in the household (including you or your spouse) has additional sources of income, please list each such source of income below. Include disability payments, unemployment compensation, rental income, investment returns, or any other income.

Source: _____	Who received the income?	Amount: \$ _____ per Wk Mnth Year (circle one)
Source: _____	Who received the income?	Amount: \$ _____ per Wk Mnth Year (circle one)

Please provide the total amount of any other resources and liquid assets available to you: \$ _____

Please include all savings accounts, checking accounts, stocks, bonds, etc., but do not include retirement accounts (401(k)s or IRAs) or other resources that you cannot access without penalty.

