



Northern Arizona Healthcare  
1000 N. Humphreys  
Suite 130  
Flagstaff, AZ 86001  
careassistance@NAHealth.com

PLEASE RETURN WITHIN 30 DAYS:

Northern Arizona Healthcare is dedicated to providing exceptional quality care to every patient. As part of our commitment, we strive to assist our patients with financial obligations associated with their medical care. In order to help us determine if you qualify for a financial discount, we have enclosed an application for our Financial Assistance Program.

After your application is returned and reviewed, you may be asked to apply for AHCCCS. This request is based on the income level listed on your application. If you have already applied for AHCCCS and have a current Denial Letter, please include a copy when returning this application. If you are currently applying for AHCCCS or have already been approved for coverage, please contact our office.

**Additional Circumstances that may impose financial hardship:** Court Ordered Bankruptcy; Disability; Extended Illness; Death. Catastrophic eligibility as determined by NAH Guidelines.

If you do not wish to complete this application, it is imperative you contact our billing office to make suitable payment arrangements regarding your balance.

Questions related to your financial assistance, including discount calculation or the amount generally billed for this type of service, can be found on line:

<https://nahealth.com/patient-rights-policies/financial-assistance>

A decision will be made within 10 days of receipt of your application. If you have questions, please call 928-773-2025.

Sincerely,  
Northern Arizona Healthcare  
Patient Financial Services

**Mission**

Improving health, healing people.

**Vision**

Always better care.

Every person, every time...together.

**Values**





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FINANCIAL ASSISTANCE APPLICATIONS can  
be returned as follows:

Mail or DELIVER TO:

**Flagstaff Medical Center (Bashas' Shopping Center)**

**Attn: Deb**

**1000 N. Humphreys**

**Suite 130**

**Flagstaff, AZ 86001**

**-OR-**

**Verde Valley Medical Center**

**ATTN: Physician Billing**

**269 S. Candy Lane**

**Cottonwood, AZ 86326**

FAX TO: 928-773-2034

EMAIL: [careassistance@nahealth.com](mailto:careassistance@nahealth.com)

AHCCCS WEBSITE:

<https://www.healtharizonaplus.gov/Default/Default.aspx>

If you have questions, please call 928-773-  
2025.

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# NORTHERN ARIZONA HEALTHCARE

If you are currently approved under **AHCCCS SLMB** or **QI1** plan, you **DO NOT** have to complete this application. Please contact our office and provide your Ahcccs information.

Patient Name:		Date of Birth:	
Guarantor Name: (If applicable)		Date of Birth:	Relationship to Patient:
Mailing Address:			
City:		State:	Zip:
Phone No.		Social Security No.	
<b>List all persons living in household</b>			
NAME		Relationship	Age
<b>MONTHLY GROSS INCOME:</b>	<b>SELF</b>	<b>SPOUSE</b>	<b>OTHER</b>
Wages/Self-Employment			
Social Security			
Other: Pension/Retirement			

**PLEASE SUBMIT ONE OF THE FOLLOWING DOCUMENTS SHOWING PROOF OF INCOME:**  
**(Original documents cannot be returned)**

**Pay Stubs (Last 3); Social Security Benefits Letter and/or Pension Statement; Most Current Tax Return; Bank, Money Market and/or Mutual Fund Statement (Statement should reflect last 3 pay periods)**

**NOTE: A DECISION WILL BE MADE WITHIN TEN (10) BUSINESS DAYS OF RECEIPT OF THIS APPLICATION.**

DISCLAIMER: I understand the information I provide will be used only to determine financial responsibility for my charges at Northern Arizona Healthcare, which include hospital and physician services and will be kept confidential. I understand that if any information I have given is determined to be false, it may result in reversing the care assistance approval and I will be liable for the full amount of all charges.

My signature authorizes NAH to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL OR DELIEVER APPLICATION TO ONE OF THE FOLLOWING LOCATIONS:**  
**NORTHERN ARIZONA HEALTHCARE, 1000 N. HUMPHREYS, SUITE 130, FLAGSTAFF, AZ 86001**  
**VERDE VALLEY MEDICAL CENTER, 269 S. CANDY LANE, COTTONWOOD, AZ 86326**