

# FINANCIAL ASSISTANCE APPLICATION FORM INSTRUCTIONS



This is an application for financial assistance at Wellfound Behavioral Health Hospital.

**Washington State requires all hospitals to provide financial assistance** to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance. Wellfound uses the Federal Poverty Guidelines to help determine what Financial Assistance Program best fits each patient's needs. After a financial assessment of the patient's income has been completed, the patient's bill will be reduced by 100 percent if their income level is at or below 300 percent of the Federal Poverty Guidelines. If the patient's income level is between 301 percent to 400 percent of the Federal Poverty Guideline, the patient's bill will be reduced according to the below sliding scale.

Poverty Level, Up To		
300%	350%	400%
Charity Discount		
100%	75%	70%
Patient Responsibility		
0%	25%	30%



What does financial assistance cover? Financial assistance covers medically necessary hospital and clinic-based services provided by Wellfound Behavioral Health Hospital, depending upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations. For a list of exclusions, please see our Wellfound Behavioral Health Hospital Policy, located on our website.

If you have questions or need help completing this application: call Wellfound Billing (253) 697-8758 or Wellfound Financial Assistance (253) 301-5477.

You may obtain help for any reason, including disability and language assistance.

In order for your application to be processed, you must:

- Provide us information about your family** – Fill in the number of family members in your household (family includes relation by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before any deductions)**
- Provide documentation for family income**
- Attach additional information if needed**
- Sign and date the form**

**Note: You do not have to provide a Social Security number to apply for financial assistance.** If you provide us with your Social Security number, it will help speed up the processing of your application. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "N/A."

To submit your completed application with all documentation:

- **Mail to:** Wellfound Behavioral Health Hospital: 3402 S. 19th Street, Tacoma WA 98405
- **Fax to:** 253-301-5401
- **E-Mail to:** wellfoundbilling@wellfound.org
- **In Person:** Take a printed copy of your completed Financial Assistance Application to Wellfound Main Entrance – Front Desk

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

**We want to help. Please submit your application promptly!  
You may receive bills until we receive your information**