



**Financial Assistance Application**  
**Discount Payment and Charity Care for Financially Qualified Patients**

**Application Instructions**

The attached application must be completed at the time of admission or as soon as practical after admission.

The following checklist may be used to ensure you have supplied the required information necessary for your application to be considered for financial assistance.

**Checklist of Documents Request**

- Completed Medicare, Medi-cal, Healthy Families, Covered California application
- Prior year Income Tax Return as submitted to IRS
- OR
- Current period pay check stubs; Unemployment or Disability payment stubs (2 Months Worth)
- If you have no income, or proof of income documents, please provide a letter explaining how you support yourself/family.
- Verification of Employment

Applications received without proof of income (tax return or check stubs) cannot be processed.

Completed applications and required documentation may be returned to the Mammoth Hospital Financial Counselors at by:

Mail:

Mammoth Hospital  
Atn: Financial Counselor  
Po Box 100 PMB 700  
Mammoth Lakes CA 93546

or fax:

Mammoth Hospital  
Atn: Financial Counselor  
760-934-1832 FAX  
760-924-4062

