

**Sherman Oak Hospital**

4911 Van Nuys Blvd #300 ♦ Sherman Oaks, California 91403 ♦ (818) 501-0434

Application for Uncompensated Care/Charity/Indigent Care

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

Account Number: \_\_\_\_\_

This is to notify you that you must make sure that when completing your application for a discount or charity care that you send all necessary documents listed below with your application, within 30 days, or your application will be denied:

1. **Signed financial hardship letter**
2. **Completed application**
3. **Signed authorization**
4. **Copies of last two pay stubs for patient and/or spouse**
5. **Copy of last two-year tax returns**
6. **Copies of last two months' bank statements for patient and/or spouse**
7. **Copy of Medi-cal /SSI denial letter (if applicable)**
8. **Proof of Income from SSA (if applicable)**
9. **Proof of Income from Disability (if applicable)**

All the information must be completed accordingly. If this application is not completed and returned within 30 days, we will resume collection efforts.

\*\*\*A patient who has third party coverage or whose injury is a compensable injury for purposes of worker's compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for the Charity Care Program. \*\*\*

Respectfully,

Fotini Rukule  
Charity Specialist  
818-480-3217