

Dear Applicant:

We have a resource called the **Financial Assistance Program** to help with your bill from Littleton Regional Healthcare (LRH). Upon receiving your application, we may require that you apply for Medicaid, if deemed eligible by the LRH Patient Financial Advocate, who will utilize a Medicaid screening to determine eligibility. Individuals who are eligible for and choose not to enroll in Medicare Part B are not eligible for LRH's Financial Assistance. We cannot review and process your application if it's not complete.

**To review your application, we will need the following documents. Please wait to send us your application until you have all these together. Applications that are incomplete will be returned requesting additional information. The information you give us is strictly confidential.**

Documentation	Attached
Provide the following for all household members:	
<b>PROOF OF INCOME</b>	
<b>ONE OF THE FOLLOWING:</b>	
<ul style="list-style-type: none"> <li>Four (4) most recent paystubs, last year's W-2s, or complete copy of most recent tax return, with all pages/schedules.</li> </ul>	
<b>IF APPLICABLE:</b>	
<ul style="list-style-type: none"> <li>Social security, pension, unemployment or disability compensation benefit statements; copy of child support order</li> <li>Notice of Decision from a State or Federal Program that uses Federal Poverty Guidelines to determine eligibility (Medicaid, Food Stamps, WIC, etc.)</li> </ul>	
If receiving no income, please request a no income form.	
<b>AND</b>	
<b>PROOF OF RESOURCES/ASSETS</b>	
<ul style="list-style-type: none"> <li>Three (3) Most recent Banks statements <b>ALL PAGES NEEDED</b> (Savings, Checking, Money Market, IRA, 401K, Prepaid card, etc.)</li> </ul>	
If no bank account, please request a no bank account form.	
<ul style="list-style-type: none"> <li>Copies of Stocks, Bonds, or CD's</li> </ul>	

We will notify you of our decision within 30 days of receipt of a completed application. You are responsible for any services from LRH until your application has been processed. If you have questions about what is needed to process your application or have not heard from us **within 30 days** after sending us your application, please call us at 603-444-9560.

Sincerely,

Patient Advocate  
Littleton Regional Healthcare  
600 St. Johnsbury Road  
Littleton, NH 03561

**Mail completed application to:**

**Patient Financial Advocate, 600 St Johnsbury Rd. Littleton, N.H. 03561**