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*Willamette Valley Cancer Institute & Research Center is dedicated to a high level of patient care in both the clinical and administrative areas of oncology. This application serves as a request for financial assistance on WVCI provided services only. You may qualify for free or discounted services.*

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### **What does a Financial Worksheet Cover?**

Upon approval of WVCI assistance, all balances related to office visits, labs, surgeon charges, imaging and radiation are subject to review and adjustment. *Drug related expenses (both infusion and retail pharmacy) are NOT eligible for discount with this approval.*

### **What happens after my FWS is reviewed?**

WVCI is committed to processing FWS in a timely fashion (30 business days after receipt).

In the event your application is incomplete, a letter will be mailed to your home address requesting additional information.

Upon approval or denial, you will be contacted by a Financial Counselor and a letter will be mailed to your home address

### **Who can I contact with questions?**

WVCI Financial Counselors are available Monday – Friday 8am -5pm. Appts. can be made by contacting 541-683-5001 and asking to speak with the financial counselor dedicated to your site of care.

### **Required Documentation –**

- Proof of Income (3 months)
- Bank Statements (3 months)
- Hospital Assistance Approval (if applicable)
- Proof of Expenses (If requested)

### **How can I submit my FWS?**

Completed FWS and supporting documentation can be submitted –

1. In person with one of our onsite Financial Counselors
2. Via mail to the WVCI Business Office:  
**WVCI Business Office**  
Attn: Caitlin Carlson  
**520 Country Club Rd**  
**Eugene, OR 97401**
3. Via Fax: **832-601-6313**  
Attn: Financial Counseling

*Together, we deliver compassionate and innovative care to our communities.*

### Demographic Information

<b>Patient Name:</b>	
<b>Account #</b>	<b>Birthdate:</b>
<b>Applicant Name:</b>	
<b>Relationship to Patient:</b>	
<b>Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Phone #</b>	

### Employment

Patient	Spouse
<b>Employer:</b>	<b>Employer:</b>
<b>Address:</b>	<b>Address:</b>
<b>Full/Part Time:</b>	<b>Full/Part Time:</b>
<b>Retired? Date of Retirement:</b>	<b>Retired? Date of Retirement:</b>

### Household

Do you rent or own your current residence?  RENT  OWN

Do you have any other real estate?  YES  NO

<u>Dependents living in your home</u>	<u>Relationship</u>	<u>Age</u>

**Income & Expenses**

**Monthly Income**

*Proof of all income is required for a complete application*

Patient	Spouse
Wages:	Wages:
Social Security:	Social Security:
Disability:	Disability:
Pension:	Pension:
Other:	Other:
Total:	Total:
<b>Total Household Income:</b>	

**Monthly Expenses**

Rent/Mortgage:	Transportation:
Utilities - Water:	Electricity: Gas:
Telephone:	Cable/Internet:
Insurance – Auto:	Health: Other:
Groceries:	
Medication (Not covered by insurance):	
<b>Loan Installment Payments (Auto, Student, Credit Card)</b>	
Name:	Payment:
<b>Total Household Expenses:</b>	

### Medicaid

Have you applied for Medicaid Benefits?  Yes  No

If YES, what was the outcome of your application? \_\_\_\_\_

\_\_\_\_\_

### Outside Facility Assistance

Have you applied for assistance with a local hospital?  Yes  No

If YES, which hospital? \_\_\_\_\_

What was the outcome of your application?  Approved  Pending  Denied

*Please include approval award letter with this application*

**For your application to be processed in a timely manner and to avoid delays, please attach copies of all applicable information to support your income and expenses.**

*I hereby authorize Willamette Valley Cancer Institute and Research Center to inquire about my credit through a credit reporting agency (if needed) to verify the information I have provided. I understand this information will be used solely for the purpose intended and NOT released to an outside agency.*

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

Spouse/Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_