

**CERTIFICATION REQUIRED FOR QUALIFICATION FOR BASIC
FINANCIAL ASSISTANCE**

CERTIFICATION REGARDING ELIGIBILITY
FOR FINANCIAL ASSISTANCE

I have applied for financial assistance from Banner Health under the Basic Financial Assistance Program. I understand that, if I am eligible for this program, I will be charged for health care services that are provided by Banner as follows:

For Inpatient Covered Services: _____% of expected Medicare DRG Reimbursement for such Covered Services; and

For Outpatient Covered Services: _____% of Banner's Usual and Customary Charges, which are the rates for such services [FOR ARIZONA--filed annually with the Arizona Department of Health Services] [FOR WESTERN--as set forth in the chargemaster for the Banner facility at which the services are provided].

I understand that the Basic Financial Assistance Program does not apply to the charges of physicians and other non-Banner providers.

I also understand that Banner Health will be relying upon this affidavit in determining my eligibility for the Basic Financial Assistance Program.

I hereby represent to Banner Health as follows:

1. I do not have any health care insurance or other benefits, through governmental programs or commercial insurance, that would provide coverage, payment or reimbursement for any inpatient or outpatient health care services, including physician services, which may be provided to me or to the member of my family who is receiving services from Banner for which I am financially responsible.

2. The total annual income of my household (which includes all family members who live with me), including income from all sources and from all family members living with me in my household, did not exceed \$125,000 in the last 12 months.

3. I understand that the Basic Financial Assistance Program does not mean that my care will be provided at no charge, and that I will remain personally responsible for payment of the charges for the health care services provided at the reduced rate set forth above.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Print Name: _____

WITNESS:

Print Name: _____