SunridgeMedical

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Financial-assistance preparation

Use this sheet for each program. Requirements and funding vary.

Name: _____ Date: _____

Before I apply

- ☐ Identify the expense I need help with and the amount or deadline.
- ☐ Confirm the program serves my location, diagnosis, and situation.
- ☐ Ask whether applications are open and what expenses are covered.
- ☐ Confirm which documents are required and how to submit them securely.

Documents to gather if the program requests them

- ☐ Insurance information or proof of coverage status
- ☐ Proof of income or household information
- ☐ Bills, estimates, or receipts for the requested assistance
- ☐ Diagnosis confirmation or a clinician-completed form

My application record

Program / verified phone or website:

Expense / amount / application deadline:

Submitted on / confirmation number / follow-up date:

Personal planning aid. Record individualized instructions from your care team.