



EMERGENCY ROOM DISCOUNT PROGRAM INSTRUCTIONS

The Telluride Regional Medical Center provides quality health care to all patients regardless of their ability to pay.

APPLICATION INSTRUCTIONS:

1. Complete and attach all **requested documents** and sign the application.
2. Return the application and documentation to the Telluride Medical Center within **1 month**.
3. **Mail to Telluride Medical Center P.O. Box 1229 Telluride, CO 81435 or fax 970-728-3404**

**If you are unable to complete and return the application within the 1 month time frame, or if you have any questions or need help in completing this application please contact:
Ann Wyatt at 888-862-6085 or 970-369-2390**

REQUIRED DOCUMENTS:

Proof of Income:

- Current year tax forms, W-2, or 1099's for all persons employed within household **AND/OR**
- Current pay stubs for all persons employed in the household **AND**
- Statement of additional income from tips, bonuses, child support, etc. (if applicable)

Non-Working Applicant:

- Documentation of sources of assistance or support (letters from family, lenders, other assistance programs, etc)
- Bank statements from last 3 months, credit card statements, trust, savings and Investment account statements.

FOR OFFICE USE ONLY

Received by: _____ on ____/____/____