

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_