



CARE SUPPORT PROGRAM INSTRUCTIONS

The Telluride Regional Medical Center provides quality health care to all residents of the Telluride Hospital District regardless of their ability to pay.

**If you have any questions or need help in completing this application please contact:
Ann Wyatt at 888-862-6085 or 970-369-2390**

APPLICATION INSTRUCTIONS:

1. Complete and attach all **required 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**

REQUIRED DOCUMENTS:

Proof of Income:

- Current year tax forms, W-2, or 1099's for all persons employed **OR**
- Recent pay stub for all persons employed in the household.

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.

If your income is within the limits for Medicaid qualification we will be contacting you and require that you apply for Medicaid prior to being approved for in house discounts

MEDICAID APPLICATION INFORMATION (qualification is based on income and family size)

Apply online by going to www.colorado.gov/hcpf

1. Choose **Clients & Applicants**
2. Go to the grey bar on the left and choose **how to apply**
3. Scroll down about halfway and **click on >>**



OR

Apply by phone: Londa at 970-369-5448.