

## General Information:

Umpqua Health-Newton Creek, formerly known as New Clinic, provides healthcare services to the sick and afflicted, regardless of ability to pay. For those that meet the required criteria, we have adopted a standard charity care policy known as the Pathways Program.

To qualify for the Pathways Program, we ask that the person applying (or if for a minor a parent or guardian) fill out the following application. The amount of discount offered is based on Federal Poverty Guidelines and income verification.

**Applicants must provide proof of gross household income for the last 90 days. If proof of income is not provided your application cannot be processed and you will be charged according to the Clinics' Accounts Receivable policy.**

## Proof of income may include:

Wages and salaries, regular payments from public assistance, Social Security, unemployment, strike benefits, military allotments, disability, rental income, regular support from an absent family member or someone not living in the household (child support, alimony), government or private pensions, and regular insurance or annuity payments. Income from dividends, interest, rents, royalties, or income from estates/trusts.

## Household and Income Information Section:

The term "household" includes people residing in the same home and related by birth, marriage or adoption. Patient and patient spouse, patient's children and patient's step children, patient's partner if they have a child together living in the same home.

1. A household does not include roommates, extended family members such as aunts and uncles, cousins, parents, etc. An unmarried partner nor the unmarried partner's other child(ren) from a previous relationship.
2. Income sources are Salary/Wages, Unemployment, Self-employment, Alimony, Social Security, Pension/Retirement, Child Support, Worker's Comp, Military Benefits, Trust Payments, VA Benefits.

**Eligibility:** All other alternative payment sources must be exhausted, including third party payment from insurance(s), Federal and State programs.

- An individual who is eligible for insurance or Federal and State programs but has refused to apply will not be eligible for the Pathways program.
- If minor children are not covered by private or parent's medical insurance, then an application for State Medical Assistance will be required.

The Pathways program is granted for a 180 day (6 month) eligibility period, for any medical necessary services within Umpqua Health Newton Creek. A discount will not be granted for elective cosmetic services, the cost of serum or medications involved in treatment.

**Incomplete applications will be returned for completion: this includes missing information on the application or missing required proof of income.**

**The patient responsibility is expected to be paid at the time of service. If not adhered to, the account will be turned to collections or further action taken.**

# PATHWAYS APPLICATION



**Please provide information on the person applying and include in the table below:**

FIRST LAST MI BIRTHDATE HOME PHONE  
 ADDRESS CITY STATE ZIP

Have you applied for the Oregon Health Plan? Yes No If yes, date applied: Were you approved? Yes No

Do you have health insurance? Yes No If yes, what insurance?

**Please provide household and income information for everyone living in the home, in the table below:**

**Income sources are as follows:** Salary/Wages, Unemployment, Self-Employment, Alimony, Social Security, Pension/ Retirement, Child Support, Worker’s Comp, Military Benefits, Trust Payments, VA Benefits, Self-Employment.

**\*\*\*\*\* Three months (90 days) proof of income is required to process the application \*\*\*\*\***

Name	Date of Birth	Relation to Responsible Party	Monthly Income	Income Source

If your household income is zero, please initial here \_\_\_\_\_ and provide a brief explanation of how you are meeting your basic living needs on a separate letter.

**I hereby state that the information given is true and complete to the best of my knowledge.**

1. I understand that if any information is found to be incorrect, I may not be eligible for any future consideration of reduced rates.
2. If I receive a financial discount, I acknowledge that no other discounts will be available to me and that this discount relates to Umpqua Health Newton Creek only and not to other entities.

**If approved I will come prepared to pay my financial responsibility in full at each clinic visit. If not adhered to, the account will be turned over to collections or further action taken.**

**\*\* Incomplete applications cannot be processed and will be returned for completion. \*\***

Patient or Responsible Party Signature: \_\_\_\_\_

Date: