

FINANCIAL ASSISTANCE AT DIAGNOSTIC IMAGING NORTHWEST

MEDICAL IMAGING IS A NECESSITY, NOT A LUXURY

Diagnostic Imaging Northwest is committed to the treatment of all patients, regardless of ability to pay. We offer financial aid based on the current Federal Poverty Guidelines. To use this program, the recipient must first use any medical benefits they have, such as private insurance, Medicare, Medicaid or other health care program. Our program may cover the deductible, copay or coinsurance, if eligible, and may cover charges of participants not eligible for insurance or covered by another health care program.

IF YOU QUALIFY, OUR PROGRAM OFFERS

- Financial assistance for services performed at any DINW facility
- Sliding-scale fees based on income eligibility
- Reasonable payment plans
- Navigation to qualified affordable health plans

AFFORDABLE CARE

With national changes in health care, more people than ever before are now eligible for low-cost or subsidized health insurance. Middle-income and low-income individuals and families generally qualify. If you have not applied for this option, please visit their website to learn more: www.wahealthplanfinder.org. Our financial assistance program may cover the deductible or coinsurance for these plans.

FINANCIAL AID GRANT MATCHING

Diagnostic Imaging Northwest honors financial aid grants from certain health care entities. If you have been granted aid by another health care organization, you may not need to complete the entire application. Instead, please send a copy of the current aid letter with this application and we will provide assistance at the same level, if applicable.

FINANCIAL COUNSELORS

Phone: (253) 680-3485

Fax: (253) 680-3558

Mailing Address

Diagnostic Imaging Northwest Attention: Financial Aid P.O. Box 1535 Tacoma, WA 98401

WE HONOR GRANTS FROM

- Capital Medical Center
- Evergreen Hospital Medical Center
- Franciscan Health System
- HealthPoint
- MultiCare Health System
- Overlake Hospital Medical Center
- Providence and Swedish
- Sea Mar Community Health Centers
- Seattle Cancer Care Alliance
- Thurston County Project Access
- UW Medicine /Valley Medical Center
- Virginia Mason

Please contact us if your aid was granted by any of the organizations listed above and if you have questions about our financial programs.

dinw.com

Phone: (253) 841-4353 | Fax: (253) 680-3558

Financial Aid Application

Please complete this application an	d return it with supporting	a documents to our office at lea	est 48 hours prior	to your appointment
i lease complete tills application an	ia retarri it with supportin	g documents to our office at lea	ist T O Hours prior	to your appointment.

Patient name	Birth	ndate			
Home phone	Cell phone	Cell phone			
Address	CITY STATE. ZIP				
Do you have health insurance?	Yes No If you marked "No," have you planfinder? Yes No Please explain:	applied for insurance cov	erage		
If yes, skip to Step 7 to sign this	aid from another health care organization? Yes application. In addition to the signed application, please organization in place of a completed application.		rent lett		
Spouse or parent (if applicant is	•				
	Cell phone				
Home phone	AddressNUMBER AND STREET	CITY, STATE, ZIP			
Please provide your most recer	pay stubs, W2, and other income statements.				
Income (monthly totals)		amily income			
Wages	- Tuttern	uriny meome			
Self-employment					
Public assistance					
Unemployment compensation					
Workers' compensation					
Alimony					
Child support					
Pension or retirement					
Interest income					
Rental property income					
Other income (detail)					
ICH : I	11.1.1.1				
If there was no income, please	cpiain in detail				
List all dependents in your hous					
Name	Relationship Age Name	Relationship	Age		
delay or stop my benefits. It can all Imaging Northwest to verify any of t	prrect to the best of my knowledge. I understand that providing cause an overpayment of benefits that I must repay and may a above information and grant permission for its release to Diagno ination. I swear under penalty of perjury I have given true, com	y result in penalties. I author ostic Imaging Northwest for t	rize Diagn		
SIGNATURE (person making req	est) DATE				