

## Financial Assistance Application

Date of Application: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

MRN# \_\_\_\_\_

Please complete the following information:

**Family Size**

**Monthly Income**

**Yearly Income**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please note:**

Financial Assistance is a program offered by UConn Health that provides a reduced rate for medically necessary services incurred by State of Connecticut residents. Please refer to UConn Health's Financial Assistance policy available at [health.uconn.edu](http://health.uconn.edu) to review the policy in its entirety.

If you meet the definition of "uninsured" as defined by Section 19a-673 of the Connecticut General Statutes, you may be eligible to have your balance(s) reduced or adjusted.

You are "uninsured" if you meet **all** the following:

- You do not qualify for a public assistance programs.
- You are not eligible for coverage for hospital services under any other health or accident insurance program (including workers' compensation, third-party liability, and motor vehicle insurance).

For questions about eligibility or to apply, we can be reached via your UConn MyChart account or by calling the number below. We are also available to assist you with the Medicaid/Husky application process.

Phone: 860-679-4120 | Monday–Friday, 8 a.m. to 4:30 p.m.  
Fax: 860-679-1102