



**SAN ANTONIO**  
REGIONAL HOSPITAL

## Financial Assistance Application Instructions

**In order for this application to be considered for Financial Assistance, ALL of the following documents are required, if applicable:**

- \_\_\_ Completed and signed Financial Assistance Application form
- \_\_\_ A copy of most recent Federal Income Tax return with W-2's and Schedules
- \_\_\_ A copy of current pay stubs (**13 weeks**)
- \_\_\_ **3 months** of current bank statements (checking and savings)
- \_\_\_ A copy of social security, disability, or unemployment checks or award letter

Please return your completed application with all requested forms to the following address within 10 days.

**San Antonio Regional Hospital**  
Attn: Patient Financial Services  
999 San Bernardino Road  
Upland, CA 91786

Please contact our Patient Accounting office at the address above or 909-980-9511 if you have any questions.

Please be advised this is not a guarantee that financial assistance will be awarded; and payments should continue on a regular basis until a determination has been made. Your application and the information provided will be reviewed and verified and a decision will be provided to you in writing.

Thank you for your cooperation and for choosing San Antonio Regional Hospital for your healthcare needs. We look forward to being of assistance to you to resolve your account.