



Proliance Financial Assistance Application

Dear Patient/Guarantor-

We understand that medical bills can be overwhelming. If you're struggling to pay for care, we offer two types of financial help:

- **Surgery Centers:** Charity care discounts are available for patients with annual incomes at or below 400% of the Federal Poverty Level.

To apply, please return this completed form and all required documents **within 2 weeks**. Applications received late or incomplete will be denied.

Patient Name: _____

Guarantor Name(if different): _____

Mailing Address: _____

Household Information

How many people live in your household (Including yourself) _____

Note: Only household members aged 18 or younger may be included.

Please list all household members:

MONTHLY INCOME INFORMATION

Income Type	Patient / Guarantor	Spouse / Partner Income
Gross Monthly Wages (before taxes)		
Social Security Payment		
Unemployment Compensation		
Disability		
Workers Compensation		
Alimony / Child Support		
Rental / Investment Income		
VA Benefits/Military Allotments		
All Other Income		
Total		
Monthly Income		

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Required Documents

- **Proof of Apple Health (Medicaid)** eligibility – You must apply for Apple Health prior to apply for financial assistance. Please include a copy of your approval or denial letter that reflects the dates of service on your billing statement.
- Last year's W2 or 1099
- Paycheck stubs (most recent)
- Determination of unemployment compensation
- Social Security and pension benefits

I confirm that the information provided is true and complete.

Signed _____ **Date** _____

Important Reminder:

You **must apply for Apple Health (Medicaid)** before submitting this application. We cannot consider financial assistance unless you provide an approval or denial letter showing your eligibility for the dates of service on your bill.

How to Return your application:

- **Mail:** 805 Madison St, STE 901 Seattle WA, 98014
- **Email:** financialassistancepco@proliancesurgeons.com

What Happens Next:

Once we receive your completed application and all required documents, our team will review your information. You can expect to hear from us **within 2 weeks** with a decision or a request for any additional information needed.

Income Guidelines (2026)

2026 Poverty Guidelines	
Person(s) in Family	400% Poverty Guidelines
1	\$63,840
2	\$86,560
3	\$109,280
4	\$132,000
5	\$154,720
6	\$177,440
7	\$200,160
8	\$222,880
9+	Add an additional \$22,720 for each additional person

For more information on Federal Poverty guidelines please visit: <https://aspe.hhs.gov/poverty-guidelines>