



Pleasant Valley Hospital

*A partner of Cabell Huntington Hospital and the
Marshall University Joan C. Edwards School of Medicine*

Pleasant Valley Hospital - Business Services Financial Assistance Application

Mail to: Pleasant Valley Hospital Attn: Sheri Norvell, 2520 Valley Drive, Point Pleasant, WV 25550
304.675.4340 ext. 1394

As part of this application, you must also submit the following items:

- 1) Proof of household income - your last two pay stubs or your most recent W-2, tax return, etc.
- 2) Copies of your most recent bank statement(s)
- 3) Proof of denied coverage from Medicaid

APPLICANT

Applicant's Name _____ Address _____
SSN _____ City, State, Zip _____
Birth Date _____ Employer _____
Phone Number _____ Annual Salary \$ _____

SPOUSE

Spouse's Name _____ Employer _____
SSN _____ Annual Salary \$ _____
Birth Date _____ Patient's Name _____

DEPENDENTS

Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____

OTHER INCOME (MONTHLY AMOUNTS)

Pension \$ _____ Child Support \$ _____
Disability \$ _____ Unemployment \$ _____
Social Security \$ _____ Other \$ _____
Alimony \$ _____

BANKING

Name of Bank _____ Checking Balance \$ _____
Savings Balance \$ _____