



Pleasant Valley Hospital

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

Pleasant Valley Hospital wants to help reduce or eliminate your account balance!

Pleasant Valley Hospital has a financial assistance program, which we use to assist you, in reducing or possibly eliminating your current patient account balances*.

Attached is the application you will need to complete and return to our Financial Counselor, Sheri Norvell, along with the requested information that is listed on the application.

This covers hospital stay, labs, xrays, therapies, and doctor visits.

YOU ARE RESPONSIBLE FOR RADIOLOGIST FEE, ANESTHESIA AND MARSHALL HEALTH.
You will need to contact them to set up a payment plan.

If you have any questions or need assistance in completing the application, please contact our Financial Counselor, Sheri Norvell, at 304.675.4340 ext.1394 or snorvell@pvalley.org.

We look forward to helping you in any way possible with your accounts.

**Accounts no older than 8 months and not in collections*



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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 - tax return; last month's pay stubs; recent W-2; Social Security benefits letter
- 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 \$ _____