



Encompass Health Rehabilitation Hospital of Salisbury
220 Tilghman Road
Salisbury, MD 21804
410.546.4600
encompasshealth.com/salisburyrehab

Initial financial assistance application

Purpose:

The information contained within this form enables the hospital to provide a probable financial assistance eligibility determination to a patient within two business days of receipt. If the hospital determines that financial assistance eligibility is probable and the patient wishes to pursue this option, a complete Financial Assistance Application must be submitted and will be reviewed in order to make a final determination on eligibility for financial assistance.

Date: _____

Patient name: _____

Estimated gross income (before taxes and other deductions) for household

(patient, patient's spouse, and dependents): _____

Total number of dependents (including patient): _____

Signed

Date

Printed name