



**RE: Financial Assistance Program**

Thank you for contacting us regarding our financial assistance program. Please complete the attached application and return to us along with the required documents listed below. Once received, your application will be processed within 30 days. If additional documents are requested, we must receive them within 15 business days of the request.

All information received will remain confidential. Collection activity will continue on your account until your financial assistance status is determined.

**Required Documents:**

- Completed and signed Financial Assistance Application
- AHCCCS denial if self-pay
- Two current pay stubs or Unemployment Verification for each adult living in the home
- Two current months detailed checking/savings statements for each adult living in the home
- Copy of W-2s if applicable
- Copy of Social Security Benefit Statement or other proof of income (*includes retirement, disability, child support, alimony*)

Please understand completing the application is not a guarantee of approval. Approval is based on verified annual household income and family size in accordance with the expanded Federal Poverty guidelines. Financial assistance is not available for elective care procedures or procedures deemed not medically necessary.

If you need further assistance or have questions, please contact one of our Patient Financial Services Associates at 480-657-2500 option 5 between the hours of 8:00 am and 5:00 pm, Monday through Friday.

We will send you a notification letter once your financial assistance status has been determined.

Sincerely,

Patient Financial Services  
SMIL Southwest Medical Imaging  
Phone: 480-657-2500, Option 5 | Email: [pfs@sdil.net](mailto:pfs@sdil.net) | Fax: 602-521-6221