



Dear

Per your request, attached you will find Black Hills Surgical Hospital's (BHS) Financial Assistance Application. Please complete this application, and return it with copies of the following items:

- Federal tax returns from the previous two years 2018 & 2019
 - *(If you have not filed federal tax returns for the previous two years, you must provide verification for this.)*
- The last two pay stubs or income verification, for all members of the household who receive income.
- A brief letter detailing any other information you feel BHS should be aware of while reviewing your application. *(NOT REQUIRED)*

Please return this information to our office by: < >

If you have any questions, please call me at (605) 721-4910 fax 605-721-4964.

Thank you,

Deana H.
Billing and Reimbursement
Black Hills Surgical Hospital, LLP

