

# Rehab 3

One High Standard. Three Local Partners.

## Financial Assistance Program

At Rehab 3 we aim to make medical care available to all patients. To do this our rehab services and special programs\* are made available through our Financial Assistance Program to all who qualify.

To apply, simply fill out the application on the inside of this brochure, including all types of income. Attach copies of income documents to the application. We will accept Frisbie or WDH approval letters received in the last six months as documentation of your income. Please send the application to:

**Strafford Health Alliance  
Business Office  
200 Route 108, Suite 3  
Somersworth, NH 03878**

\*Special Programs: Arthritis, Transitional Gym, and Transitional Swim programs are assisted in a limited capacity.

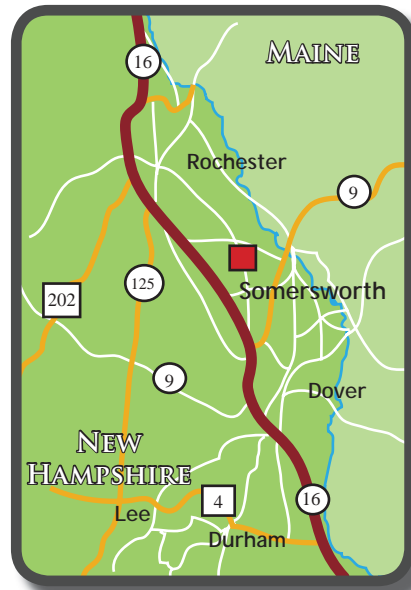
Your application may be returned directly to Rehab 3 at Marsh Brook. We will notify you when the review process is complete. If you have questions about the application, please feel free to call the Business Office Supervisor at (603) 742-7492 or the Rehab 3 Patient Accounts Manager at (603) 749-6686 ext. 142.

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## Location/ Directions

Conveniently located in the Marsh Brook Professional Center on Route 108 in Somersworth, Rehab 3 at Marsh Brook is across the street from the Works: Family Health and Fitness Center and adjacent to Seacoast Orthopedics & Sports Medicine. If you need further directions please contact us at 603-749-6686.



### Rehab 3 at Marsh Brook

7 Marsh Brook Drive, Suite 101

Somersworth NH, 03878

P: 603-749-6686

F: 603-750-3174

[www.rehab-3.com](http://www.rehab-3.com)

## Financial Assistance Program

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**Application for Financial Assistance**  
Strafford Health Alliance-Rehab 3 at Marsh Brook  
200 Route 108, Suite 3, Somersworth, NH 03878  
Telephone (603) 742-7492 Fax (603) 742-6762

Account # \_\_\_\_\_

Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

Patient Name (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Size (Number of persons in household) \_\_\_\_\_

Current monthly income: You must include all types of income (including spouse's, parents' or child's). Acceptable documentation includes retirement income, business income, year-to-date wage information (1 month's pay stubs), public assistance, food stamps, alimony/ child support and other income sources that can be verified.

Monthly Gross Income from wages (before deductions) \$ \_\_\_\_\_

Unemployment Compensation/ Disability Income \$ \_\_\_\_\_

Social Security (before deductions) \$ \_\_\_\_\_

Other Income: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

Please write below (or attach separate letter) any special circumstances explaining why you need this financial assistance: \_\_\_\_\_

I hereby certify that this financial disclosure is correct to the best of my knowledge. I understand that a tax return may be requested to process this application and that more information may be requested before my eligibility can be determined. I authorize Strafford Health Alliance to verify any and all information disclosed to determine eligibility for financial assistance.

Applicant's Signature

Date

Office Use Only:

Approved by

Date



## Income Guidelines

Rehab 3 at Marsh Brook uses income guidelines that are approximately 200% greater than the annual U.S. Department of Health and Human Services guidelines. Our income guidelines are as follows:

Family Size	Annual Income
1	\$29,700
2	\$40,050
3	\$50,400
4	\$60,750
5	\$71,100
6	\$81,450
7	\$91,825
8	\$102,225

For families with more than eight (8) members, add \$10,400 for each additional member. Thank you for your interest in Rehab 3 programs.

**Please remember to attach all income documents to this application for Financial Assistance.**

[www.rehab-3.com](http://www.rehab-3.com)