



Don't Weight Around We're Here to Help

At Marsh Brook Rehab, we want to make our quality medical care available to *all* our patients. Financial assistance for our rehab services and speciality programs* is available 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. Wentworth-Douglass Hospital approval letters received in the last 6 months as documentation of your income are accepted.

Please return your application to us using the address below. We'll notify you when the review process is complete.

Strafford Health Alliance

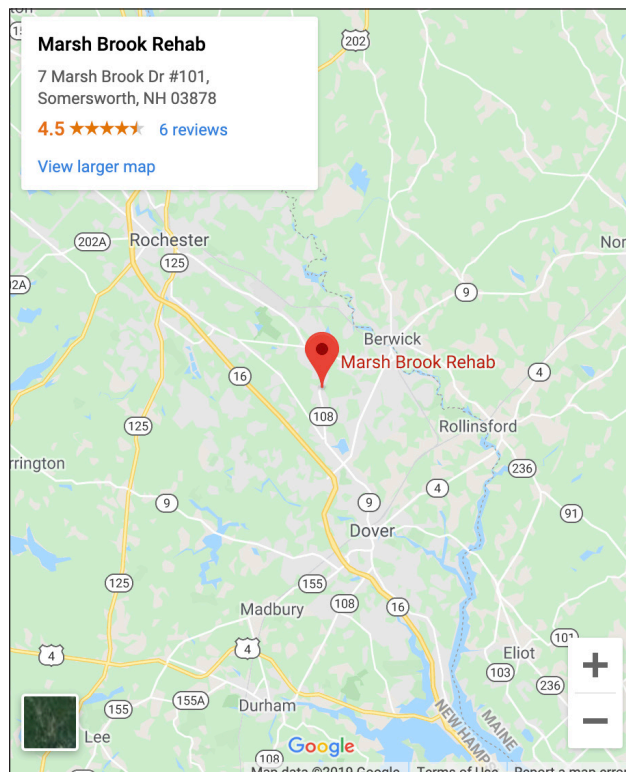
Business Office
200 Route 108, Suite 3
Somersworth, NH 03878

If you have any questions, feel free to call our Business Office at 603-742-7492 or Marsh Brook Rehab at 603-749-6686.

* **Speciality Programs:** Arthritis, Transitional Gym, and Transitional Swim programs have limited enrollments.

Location/Directions

We're conveniently located in the Marsh Brook Professional Center on Route 108 in Somersworth, NH. Marsh Brook Rehab 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.



Marsh Brook Rehab

7 Marsh Brook Drive, Suite 101
Somersworth, NH 03878

Phone: 603-749-6686

Fax: 603-750-3174

<https://marshbrookrehab.com>

MARSH BROOK
REHAB
Patient-focused. Results-driven.



Financial Assistance Program

<https://marshbrookrehab.com>

Application for Financial Assistance

Account # _____

Name _____ Patient's DOB _____

Patient Name (if different from above) _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Household Size: No. of Adults _____ No. Children _____

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 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

Marsh Brook Rehab uses income guidelines that are approximately 250% greater than the annual U.S. Department of Health and Human Services guidelines. Our income guidelines are as follows:

Family Size	Annual Income
1	\$32,200
2	\$43,550
3	\$54,900
4	\$66,250
5	\$77,600
6	\$88,950
7	\$100,300
8	\$111,650

For families with more than eight (8) members, add \$11,350 for each additional member. Thank you for your interest in our rehab programs.

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



<https://marshbrookrehab.com>