



Financial Assistance Program

At Marsh Brook Rehab we aim to make medical care available to all patients. To do this our rehab services and special programs* are made 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. We will accept Frisbie or WDH approval letters received in the last 6 months as documentation of your income.

Please send the application to:

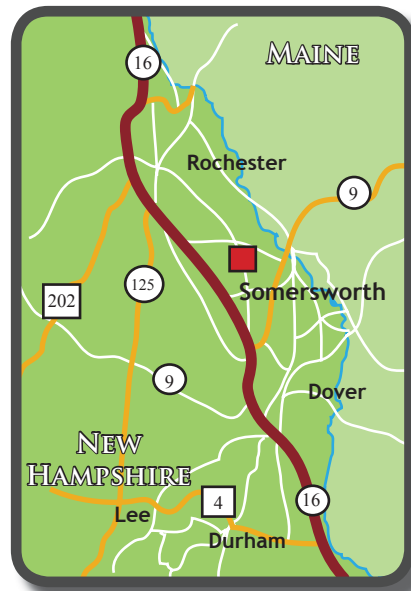
**Strafford Health Alliance
Business Office
200 Route 108, Suite 3
Somersworth, NH 03878**

* Special Programs: Arthritis, Transitional Gym, and Transitional Swim programs are assisted in a limited capacity. Your application may be returned to Marsh Brook Rehab. We will notify you when the review process is complete. If you have questions about the application, please feel free to call our Business Office at (603)-742-7492 or Marsh Brook Rehab at (603)-749-6686.



Location/ Directions

Conveniently located in the Marsh Brook Professional Center on Route 108 in Somersworth, 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.



Marsh Brook Rehab

7 Marsh Brook Drive, Suite 101
Somersworth NH, 03878
P: 603-749-6686
F: 603-750-3174

www.MarshBrookRehab.com



Financial Assistance Program

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Application for Financial Assistance
Strafford Health Alliance-Marsh Brook Rehab
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: _____ 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 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

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	\$31,225
2	\$42,275
3	\$53,325
4	\$64,375
5	\$75,425
6	\$86,475
7	\$97,525
8	\$108,575

For families with more than eight (8) members, add \$10,800 for each additional member. Thank you for your interest in Marsh Brook Rehab programs.

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

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