

## How to Apply for Financial Assistance

UW Medicine offers financial assistance, under its Financial Assistance policy, to UW Medicine patients who cannot pay for emergency or other medically necessary care regardless of whether they have insurance. Use MyChart to apply for Financial Assistance and check on your application.

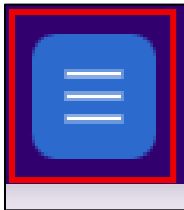
Patients applying for financial assistance from Fred Hutch Cancer Center should submit a separate application for Fred Hutch by initiating that process from a Fred Hutch billing account. More information is available under [Financial Assistance on www.fredhutch.org](http://www.fredhutch.org).

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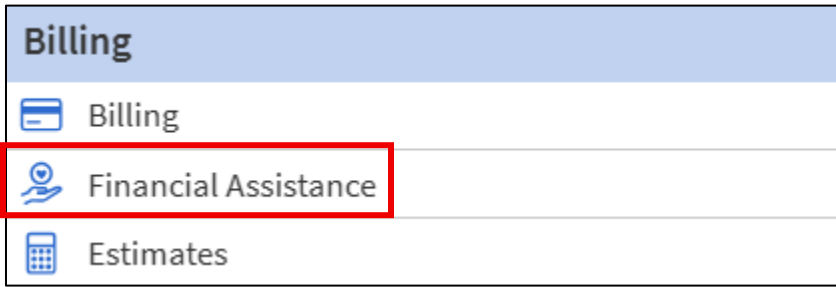
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### Starting the first application

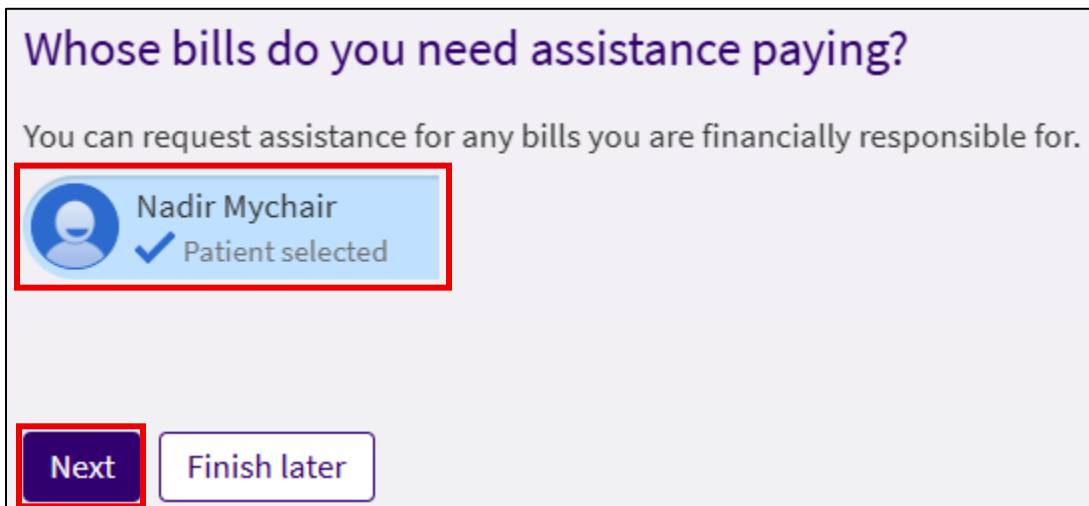
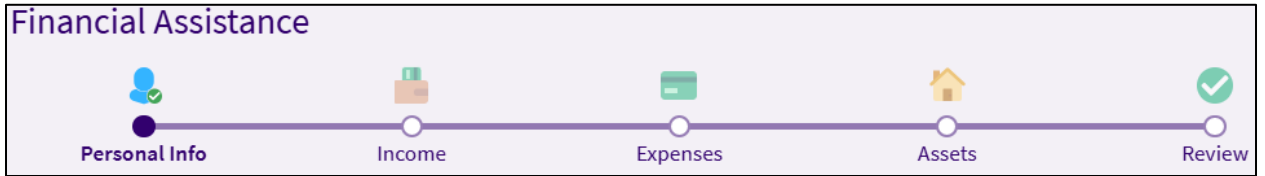
1. Log in to your MyChart account: Use the [MyChart Mobile App](#) or go to the [MyChart Website](#).
2. At the top of the page, click the **blue menu button**.



3. Scroll down to the **Billing** section and click **Financial Assistance**.



4. Under **Whose bills do you need assistance paying?**, choose the **Patient's Name** and make sure you see a check mark. Then, click **Next**.



## Filling out household income information

1. Click on – or + to set your household size.

**\* How large is your household?**

Include family members in your household, including yourself. "Family" includes people related by birth, marriage, or adoption who live together.

- 0 +

**\* How large is your household?**

Include family members in your household, including yourself. together.

- +

2. Go to **Your Household's Income** section. Under **Income Details**, click on **Source of income**. Then, choose an option from the drop down list. Choose one of the boxes under **How often are you paid?** and type in the amount of money you receive in the **Income amount (in USD)** box.

**Your household's income**

All adult family members' income must be disclosed and must be listed in the family information section. Sources of income include for example: Wages, Unemployment, self-employment, worker's compensation, disability, SSI, Child/spousal support, work study programs (students), pension, retirement account distributions, Other. Enter each income as the pre-tax (gross) dollar amount.

**Income details**

\* Source of income: Wages

\* How often are you paid? Hourly Weekly Biweekly Monthly Annually

\* Income amount (in USD)

**Income details**

\* Source of income: Wages

\* How often are you paid? Hourly Weekly Biweekly Monthly Annually

\* Income amount (in USD)

3. In **Proof of income documents**, click on **Upload Document** to add any proof of income documents.

**Proof of income documents**  
 Add any proof of income documents for yourself and others in your household. A financial counselor will review these documents as part of your request.

**Upload document**

**Proof of income documents**  
 Add any proof of income documents your request.

**Upload document**

- Click on the **Add income or choose No income** box or click in the **No income** box. Then, click **Next**.

**Add income or choose No income**      **No income**

**Next**      **Back**      **Finish later**      **Discard**

## Filling out household expenses information

- Under **Your household's expenses**, click on **Add expense or click no expenses**.

**Your household's expenses**  
 We use this information to get a more complete picture of your financial assistance. Please include any household expenses, including rent/mortgage, insurance premiums, utilities, other debt/expenses (child support, loans, medications, other). As needed, please attach additional pages on the "Upload" section at the end of the process.

**+ Add expense or click no expenses**

**+ Add expense or click no expenses**

- Under **Expense details**, click on **Type of expense**. Then, choose an option from the drop down list. Choose one of the boxes under **How often do you pay?** and type in the expense amount in the **Expense amount (in USD)** box.

**Your household's expenses**

We use this information to get a more complete picture of your financial assistance. Please include any household expenses, including rent/mortgage, insurance premiums, utilities, other debt/expenses (child support, loans, medications, other). As needed, please attach additional pages on the "Upload" section at the end of the process.

**Expense details**

\* Type of expense  
Rent/Mortgage

\* How often do you pay?  
Weekly Biweekly **Monthly** Annually

\* Expense amount (in USD)  
1000.00

**Expense details**

\* Type of expense  
Rent/Mortgage

\* How often do you pay?  
Weekly Biweekly **Monthly** Annually

\* Expense amount (in USD)  
1000.00

3. Click on the **Add expense or click no expenses** box or click in the **No expenses** box. Then, click **Next**.

**Add expense or click no expenses** No expenses

**Next** Back Finish later Discard

## Filling out household assets information

1. Under **Your household's assets**, click on **Add asset or click no assets**.

**Your household's assets**

Please list your current checking account balance, current savings account balance, and any investments including property (excluding primary resident), stocks, bonds, 401Ks, etc. Assets are not considered for financial assistance qualification but are used for other programs.

+ Add asset or click no assets

+ Add asset or click no assets

- Under **Type of asset**, choose an option from the drop down list. Type in the value of the asset in the **Value of asset (in USD)** box.

### Asset details

\* Type of asset

Checking Account ▼

\* Value of asset (in USD)

1200.00

- Click on **Add asset or click no assets** or click in the **No assets** box. Then, click **Next**.

Add asset or click no assets

No assets

Next

Back

Finish later

Discard

## Reviewing your financial request summary

- Under **Review your Financial Request Summary**, go down to the bottom of the summary to **Anything else we should know?** Then, add any additional information about your application as needed.

### Review your Financial Request Summary

**Financial Assistance Request Summary**  
Requested on 3/2/2026 on behalf of

Nadir Mycar


**Request Details**

People in household: 1

<b>Income</b> <span style="float: right;">\$36,000.00</span>	<b>Expenses</b> <span style="float: right;">\$12,000.00</span>	<b>Assets</b> <span style="float: right;">\$1,200.00</span>
<span style="color: #4a4a8a;">Wages</span> <span style="float: right;">\$36,000.00</span>	<span style="color: #4a4a8a;">Rent/Mortgage</span> <span style="float: right;">\$12,000.00</span>	<span style="color: #4a4a8a;">Checking Account</span> <span style="float: right;">\$1,200.00</span>

## Review your Financial Request Summary

**Financial Assistance Request Summary**  
Requested on 3/2/2026 on behalf of

 Nadir Mycar

### Anything else we should know?


You may use this space to tell us about any other details relevant to your application.

Additional Info

2. Under the **Final section**, click on **Review and Sign**.

## Final section

Review and sign the following documents before submitting the request.

**Financial Assistance Application** 

Not Signed Yet

**Review and Sign**

## Starting the second section of the application

1. A new window will open to the **Financial Assistance Application Form**. Fill in all the boxes with a red star.

**Financial Assistance Application Form - confidential**  
(please verify any information already filled out)

**PATIENT NAME**

**First:**  \*

**Mi:**

**Last:**  \*

**Male**  **Female**  **Other**

**Med Record No. (MRN):** <9049684>

**Patient Birth Date (mm/dd/yyyy):**  \*

**Patient SSN (optional):**

**Person Paying Bill (guarantor):**  \*

**Relationship to Patient:**  \*

**Guarantor Birth Date:**  \*

**Guarantor SSN (optional):**

**Mailing Address:**  \*

**City:**  \*

**State, Country:**  \*

**Zip Code:**  \*

**Email address:**  \*

**Area Code:**  \*

- After completing the **Financial Assistance Application Form**, click on the box labeled **Guarantor** underneath the **Patient Agreement** and sign the form electronically. You can choose to let the system make a signature (**Auto-generate**) or draw your own (**Draw to sign**). Then, click **Accept**. A green check mark will show when your signature is accepted.

**PATIENT AGREEMENT**

I understand that UW Medicine and Fred Hutchinson Cancer Center may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

**Guarantor** \*

*Sign Here*

**Guarantor** \*

*Sign Here*

**Auto-generate** **Draw to sign**

PatientSignature

*Nadir Mycar*

Save for future use **Accept** Cancel

### PATIENT AGREEMENT

I understand that UW Medicine and Fred Hutchinson Cancer Center may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.

PatientSignature 

*Nadir Mycar*


Electronically signed for Nadir Mycar at 3/2/2026, 11:34 PM


- Under the **Final section**, click **Submit**.

### Final section

Review and sign the following documents before submitting the request.

#### Financial Assistance Application

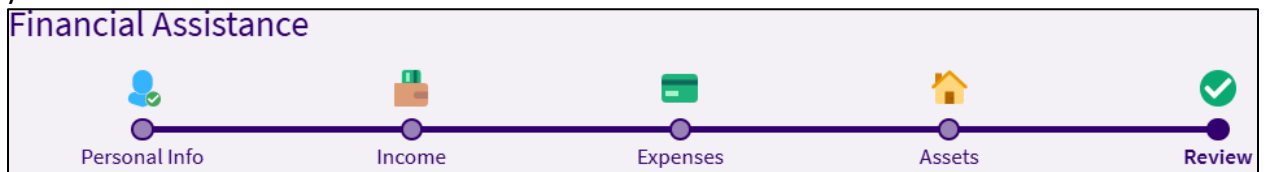



 Signed


[Complete and Sign](#)

[Submit](#) [Back](#) [Finish later](#) [Discard](#)


- A message will appear on the page that your application was sent. You will also see your case number.













**Financial Assistance** 


 **Application submitted**  
 One of our financial counselors will contact you if we need any additional information. You may print this page for your records.

**Financial Assistance Request Summary**  
 Requested on 3/2/2026 on behalf of

 **Nadir Mycar**  
 Case #100967

<p><b>Request Details</b></p> <p>People in household: <b>1</b></p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;">Income</td> <td style="width: 20%; text-align: right;">\$36,000.00</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Wages</td> <td style="text-align: right;">\$36,000.00</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;">Expenses</td> <td style="width: 20%; text-align: right;">\$12,000.00</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Rent/Mortgage</td> <td style="text-align: right;">\$12,000.00</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 70%;">Assets</td> <td style="width: 20%; text-align: right;">\$1,200.00</td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Checking Account</td> <td style="text-align: right;">\$1,200.00</td> </tr> </table>		Income	\$36,000.00		Wages	\$36,000.00		Expenses	\$12,000.00		Rent/Mortgage	\$12,000.00		Assets	\$1,200.00		Checking Account	\$1,200.00	<p><b>Uploaded Documents</b></p> <p> Financial Assistance Application</p>
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**Financial Assistance Request Summary**  
 Requested on 3/2/2026 on behalf of

 **Nadir Mycar**  
 Case #100967

Looking for additional financial assistance information

See the resources below for additional financial assistance information and who to contact for help.

- <https://www.uwmedicine.org/patient-resources/billing-and-insurance/help-paying-your-bill#financial-assistance>