



<b>Financial Assistance Appeal Request Form</b>	<b>Taropwen tungoren siwin ngeni pungunón ach finata wón taropwen pekin aninisin moni</b>
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<p>Please complete this form if you disagree with our decision on your financial assistance eligibility. Remember that our decision is based on the financial assistance application you filled out and supporting documents you provided.</p>	<p>Kese mochen kopwe awesi ne amasowa ei taropwe iká kese tipeew ngeni met sa finata wón noum ewe taropwen pekin aninisin moni ren met en mi tongeni neuneu. Chechemeni pun ach finata e onongonong wón ewe taropwen aninisin moni ke amasowa pwan sopwosopwun chienan kewe taropwe en mi pwan awora ngeni kich.</p>
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<b>Patient Information</b>	<b>Porous auchea sipwe sinei faniten mi semwen</b>
• Last name:	• Saingon Itom
• First name:	• Ewin Itom
• Date of birth:	• Raanin uputiwom
• MRN (if known):	• Nampan Noum Rekoten Safei (Ika ke sinei)

<b>Family Information</b>	<b>Porous auchea sipwe sinei faniten ómw famini</b>
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<p>List any family members who also applied for financial assistance.</p>	<p>Etetenatiw ion chék chochon nón ómw famini iir mi pwan amasou ngeni taropwen pekin aninisin moni.</p>
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Last Name/Saingon Itom	First Name/Ewin Itom	Date of Birth/Raanin Uputiwom	Relationship to you/Tefom

<b>Appeal Information</b>	<b>Porous auchea sipwe sinei ren ei tungoren siwinin memef</b>
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<p>What part of your application do you think we were wrong about based on our financial assistance policy? Salem Health’s Financial Assistance Policy can be found at <a href="http://www.salemhealth.org/financialassistance">www.salemhealth.org/financialassistance</a>. Please write below why you think the financial assistance decision was incorrect.</p>	<p>Met pekin noum ewe taropwe ke amasowa ke ekieki pun kich mi mwán wón onongonong wón neuch ewe enukun pekin aninisin moni? Ach ewe enukun pekin aninisin moni seni ach ewe nenien safei a tongeni kopwe kuna me <a href="http://www.salemhealth.org/financialassistance">www.salemhealth.org/financialassistance</a>. Kese mochen kopwe makeitiw fan ei pwata ke ekieki pwe ese pung ach ewe finata wón ewe taropwen pekin aninisin moni.</p>
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Return this form and supporting documents that support your view using one of the methods below:	Eniwinato ei taropwe pwan sopwosopwun chianan kewe taropwe an epwe anisi metena ke kuna kopwe féri ew me nein ekei fan:
• <b>Email:</b> financialcounselors@salemhealth.org	Nón Email: financialcounselors@salemhealth.org
• <b>Fax:</b> 503-814-1998	Nón Fax: 503-814-1998
• <b>Mail:</b> Salem Health Financial Counselor Team, PO Box 14001, Salem, OR 97309-50141	Nón Posto: Salem Health Financial Counselor Team, PO Box 14001, Salem, OR 97309-50141
• <b>In person:</b> Information Desk in Bldg. A at Salem Health's main campus or at West Valley Hospital's front desk in the lobby	Pusin Chuto: Ewe nenien kapas ais ika porous auchea kopwe sinei a nómw nón ewe imw sasar itan A nón ach ewe nenien sáfei ren ewe pioing Salem ika ren ach ewe nenien sáfei a nómw West Valley ren ewe chék nenien utiwit nón

Once we receive your appeal, we will respond within 21 days. We may need to ask you for more information before we can make a decision.	Atun chek an tori kich noum ei taropwen tungoren nikesiwinin pungunon finata, ina sipwe penuwani nefinen 21 raan. Mi tongeni sipwe pwan aisinuk sopwosopwun porous auchea sipwe sinei sonuk mwen ach sipwene fori angangen ach finata.
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If you have any <b>questions</b> , please call us at 503-562-4357, Monday through Friday from 8:30 a.m. to 4 p.m.	Iká mi wor ómw kapas ais, kese mochen kékéri kich wón 503-562-4357, Sarinfan ngeni Animu seni 8:30 nesosor ngeni 4 nekunion.
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Meren,  
Financial Counselor Team  
Patient Financial Services  
PO Box 14001  
Salem, OR 97309-5014  
[www.salemhealth.org/financialassistance](http://www.salemhealth.org/financialassistance)