



CICP/CHARITY Applicant,

Enclosed please find the application for the Colorado Indigent Care Program. This program is time sensitive. We request that you return this application to us within 2 weeks of your receiving it.

Please fill out and sign all pages of the application. If you feel that some pages of the application do not apply to you, please indicate on the page that it does not apply, **sign all pages** and return to me, either by mail or by taking it to the Front Desk at Aspen Valley Hospital. Please include the information requested in the "CICP/CHARITY Document Request Check List" attached to this application:

Would you also please include a note explaining your financial situation this year and how assistance could be of benefit to you? This should include what you expect to earn this year and how you have arrived at this figure.

Please call me if you have any questions.

Sincerely,

Lourdes Coombs
Financial Counseling Department
Aspen Valley Hospital
0401 Castle Creek Road
Aspen, CO 81611
Phone: (970) 544-1543
Fax: (970) 544-7365