

PO. Box 1045 302 Railway Avenue Seward, Alaska 99664 Phone: 907.224.5257 Alaska toll free: 1.888.224.5257 Fax: 907.224.7081

SeaView Financial Assistance Fund

Full Name:	Date:
Phone number:	
Phone number:	
Deductible and amount met (if applical	th Insurance provider (if applicable): uctible and amount met (if applicable): uay or co-insurance amount for behavioral health services (if applicable): ine why you are requesting financial support for SeaView's Behavioral Health Services: ature of applicant: ature of legal guardian of applicant (if applicable):
Co-pay or co-insurance amount for beh	
Signature of applicant:	
Signature of legal guardian of applicant	t (if applicable) :
SeaView Staff Member Initial (when re	creived). Date received: