

Patient Name: _____
 Medical Record Number: _____
 Guarantor: _____

GUNDERSEN TRI-COUNTY HOSPITAL AND CLINICS

FINANCIAL ASSISTANCE APPLICATION

Referred by: _____ Today's Date: _____ Date Due: _____

Last Name: _____ First Name: _____

CHECKLIST

- Did you file taxes: No Yes
 If yes, send a complete copy of your Federal Tax Returns including all schedules. To request a copy of your taxes, please call 1-800-829-1040. A copy of your W2 is not needed.
- Pay Stub(s) or other written form of income verification for last 30 days.
- Apply for Medical Assistance through your county for everyone in your household and submit a copy of **all pages** of the Medical Assistance Determination. This is required for every uninsured person that applies for financial assistance. For additional information on how to apply for Medical assistance, please contact a representative (in the state in which you reside):
 Wisconsin: 1-800-362-3002 Minnesota: 1-800-657-3739 Iowa: 1-800-972-2017
- Submit a letter explaining your current financial situation. If you have no income or if your expenses exceed your income – please explain how you are supporting yourself.
- Copy of mortgage balance statement for all properties owned and property tax bills.
- Copy of other verifications, such as bank statements, 401K balance statements, etc. If you are self-employed, please send a copy of your business account bank statements for 60 days.
- If you are unable to work due to medical conditions and have not already been approved for Social Security Disability Income, please provide written verification that you have applied for SSDI and the current status. For help applying, please contact the Social Security office directly at 800-772-1213 or call the Aging and Disability Resource Center in your area. You can also apply online at www.socialsecurity.gov
- Signed and completed Financial Assistance Application.

(PLEASE PRINT – BE SURE TO PROVIDE ALL REQUESTED INFORMATION)

Applicant:

Name _____ Date of Birth _____
 Last First MI

Spouse _____ Date of Birth _____
 Last First MI

Address _____
 Street City State Zip Code County

Phone # (____) _____ Social Security # _____

Phone # (____) _____ Social Security # _____

(If married or separated, spouse information and signature is required)

- married single widowed divorced separated

List of dependants living with you:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

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Employment Information of Applicants

Primary Applicant

Employer: _____
 City/State: _____
 Phone: _____
 Hire Date: _____
 Occupation: _____
 Gross Monthly Salary: _____

Spouse

Employer: _____
 City/State: _____
 Phone: _____
 Hire Date: _____
 Occupation: _____
 Gross Monthly Salary: _____

Primary Applicants Additional Source of Income

Interest, Dividends	\$	_____
Rental Income	\$	_____
Food Stamps	\$	_____
Alimony/Child Support	\$	_____
Pension	\$	_____
Worker's Compensation	\$	_____
Unemployment	\$	_____
Farm/Self Employment Inc.	\$	_____
SSI/Social Security	\$	_____
Veterans Benefits	\$	_____
Other Wages	\$	_____

Secondary Applicant Additional Source of Income

Interest, Dividends	\$	_____
Rental Income	\$	_____
Food Stamps	\$	_____
Alimony/Child Support	\$	_____
Pension	\$	_____
Worker's Compensation	\$	_____
Unemployment	\$	_____
Farm/Self Employment Inc.	\$	_____
SSI/Social Security	\$	_____
Veterans Benefits	\$	_____
Other Wages	\$	_____

If you list additional income above, please provide written verification of that income for the past 30 days.

Property

Residence: Rent \$ _____ If no mortgage or rent please explain why: _____
 Own

	Monthly Payments	Estimates Value	Unpaid Balance
1 st Mortgage	\$ _____	\$ _____	\$ _____
2 nd Mortgage	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____

Vehicles – Make/Type/Year

Auto #1 _____	\$ _____	\$ _____	\$ _____
Auto #2 _____	\$ _____	\$ _____	\$ _____
Recreational _____	\$ _____	\$ _____	\$ _____

Assets

Checking Balance.....	\$ _____	Savings Balance.....	\$ _____
Stocks.....	\$ _____	CD.....	\$ _____
Bonds.....	\$ _____	401K.....	\$ _____
IRA.....	\$ _____	Other Assets/HSA/FSA	\$ _____

I certify that the preceding Income/Expense information is true and correct. Please be aware we may review the information you have provided in conjunction with your credit report for verification of debts listed.

 (Signature – Applicant)

 (Signature – Spouse)

 Date

 Date