

Gundersen Boscobel Area Hospital and Clinics - Financial Assistance Application

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

Last Name: _____ First Name: _____

Medical Record No: _____ Hospital Guarantor Number: _____

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 Wisconsin – 1-800-362-3002

___ 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)

List of dependents living with you:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

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 \$ _____
 ___ Own

___ If no mortgage or rent please explain why. _____

	Monthly Payments	Estimated Value	Unpaid Balance
1st Mortgage.....	\$ _____	\$ _____	\$ _____
2nd 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.....	\$ _____

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 _____