Today's Date (MM/DD/YYYY) (To be returned within 30 days)	
Medical Record #:	
Guarantor #:	
Referred By:	
Applicants Name (First, Middle, Last)	



FINANCIAL ASSISTANCE APPLICATION

Applicants Name (First, Midd	le, Last)			ndersen Health System 10 South Ave., La Crosso	•		
HEALTH INSURANCE If yes	please provide information and co	ny of insurance card					
Insurance Co Name and Ad			olicy Number:				
CERVICE LOCATION							
SERVICE LOCATION ☐ Gundersen Lutheran Me	adical Contar/Clinics	Tr	Cundarson St. Jason	ah'a Haspital and Clinia	•		
			•	oh's Hospital and Clinic			
☐ Gundersen Boscobel Ar	•			nty Hospital and Clinics			
☐ Gundersen Palmer Luth☐ Gundersen St. Elizabeth	•		_ Gundersen Moundy	view Hospital and Clinic	.5		
□ Guilderseif St. Elizabetii	s nospital and clinics						
PLEASE CHECK ALL BOXES	BELOW THAT APPLY AND P	ROVIDE SUPPOR	TING DOCUMENTATI	ION			
☐ Medicaid Eligible, but no	ot for date of service or for	non-covered serv	rice	☐ Deceased with i	no estate		
☐ Homeless – Explain:				☐ Incarceration in	penal institution		
				•	•		
	F THE FOLLOWING REQUIRE						
☐ Copies of 401K/Retirer				scribing your financial			
	r 60 Days for all income repo			ecurity Benefits (if appl			
	ent statements for 60 days		•	g and savings bank stat	ement(s)		
☐ Copies of property tax		•	☐ Copies of mortgag	ge balance statement			
	? To request a copy of your taxes, please ca						
	ost recent Federal income t	ax returns and su	ipporting schedules.				
☐ No – Please explain why	<i>/</i> :						
I have applied for or will ap	oply for federal or state med	lical assistance					
	tizen 🗌 No – Over income		r reason, why?				
			•				
Email Preference:							
	d email is not a secure form or sdirected, accessed, or intercept						
	ation related to this Financial	·			□ Yes □		
revoke this request at any tim					No		
Email Address:							
PATIENT/RESPONSIBLE PA	DTV						
		d Diversed	□ Congrated				
Please check one: Single Married Widowe Name (First, Middle, Last)		· · · · · · · · · · · · · · · · · · ·		Birth Date (MM/DD/YYYY)			
ivallie (First, Middle, Edst)		30clar Security 1	Number	Birtii Date (WiWi, DD) 1111	1)		
Street Address		City		State	Zip Code		
		,			r		
Phone Number: Househo		Household Size	usehold Size (Patient, Spouse & Dependents)				
Employment Status:		Employer Name	e and Address				
☐ Full Time ☐ Part	Time Self						
Employed							
☐ Unemployed ☐ Stud		HOf: 5 : 1	1.	A			
Hire Date: (MM/DD/YYYY)	Position:	How Often Paid		Are you claimed o	on anotner tax		
		☐ Weekly	□ Weekly□ Bi-Weekly□ Monthly□ Bi-Monthly□ Yes□ No				
		iviolitiny	□ Di-Monthly	If yes, provide tax return of	those claiming you		
Unemployed: (MM/DD/YYYY))	Average Gross I	Monthly Income:	Monthly SSI/SSDI			

	To:		\$			\$			
CDOUGE (W. III III)									
SPOUSE (If applicable)			Social Socurity	Number	Dirth	Data (1414/	20 (4444)	Dhono Numbor	
Name (First, Middle, Last)		Social Security	Social Security Number Birth Date			MM/DD/YYYY) Phone Number:			
Employment Status:			Employer Nam	ne. Address.	and Pho	ne Number:		_1	
	Part Time 🔲 🤋	Self							
Employed									
_ ' '	Student \square	Retired							
Hire Date: (MM/DD/YYYY) Position:		How Often Pai	How Often Paid: Are you claimed on another ta						
		☐ Weekly	☐ Weekly ☐ Bi-Weekly			return?			
			\square Monthly	☐ Monthly ☐ Bi-Monthly		□Ye	□Yes □No		
							If yes, provide tax return of those claiming you.		
Unemployed: (MM/DD/YYYY)			_	Average Gross Monthly Income:			Monthly SSI/SSDI:		
From: To:			\$			\$	\$		
DEPENDENTS (If more that	an 4 denendents use	a senarate na	age)						
	Name	a separate pe	Relationship	Birth I	Date (MM	/DD/YYYY)	Claimed	l as a Dependent o	
i un ivallic				Sinp Birth Bate (WWW, BB) 11		,,,	Taxes		
1.							☐ Yes	□ No	
							⊔ 1es	□ NO	
2.							□ Yes	□ No	
3.							\square Yes	□ No	
4.									
٦.							\square Yes	□ No	
		I							
OTHER MONTHLY INCO			·	support the		•			
Other Wages	\$		Rental Income						
Pension	\$		ty Income	\$	Unemployment			· ·	
Misc. Income	\$	Veterar	s Benefits	\$]]	nterest/Divi	dends	\$	
PRIMARY EXPENSES:									
	ГҮРЕ		MONTHLY PAY	MONTHLY PAYMENT		ESTIMATED VALUE		UNPAID BALANCE	
Rental Payment			\$		\$		\$		
Primary Home			\$			\$		\$	
2 nd Mortgage	2 nd Mortgage				\$			\$	
Secondary/Vacation Home/Land			\$ \$						
·					\$		\$		
Secondary/Vacation Hol None – Please explain		no rent or n			\$		\$		
☐ None – Please explai	n why you have				\$		\$		
☐ None – Please explai	n why you have		nortgage:			IATED VALL		LINPAID BALANCE	
☐ None – Please explai	n why you have		MONTHLY PAY	YMENT	ESTIN	IATED VALU	JE	UNPAID BALANCE	
☐ None – Please explai	n why you have		nortgage:	YMENT		IATED VALU		UNPAID BALANCE	
☐ None – Please explai	n why you have		MONTHLY PAY	YMENT	ESTIM	IATED VALU	JE \$	UNPAID BALANCE	
□ None – Please explai AUTO/MOTORCYCLE/R TYPE/MAKE	n why you have		MONTHLY PAY	YMENT	ESTIM \$ \$	IATED VALU	JE \$	UNPAID BALANCE	
□ None − Please explai AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS	n why you have in why you have in why you have in ECREATIONAL VIEW IN THE INTERIOR IN THE I		MONTHLY PAY	YMENT	ESTIM \$ \$ \$ \$		S \$	UNPAID BALANCE	
□ None – Please explain AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS Checking	ECREATIONAL VE/MODEL/YEAR		MONTHLY PAY	YMENT	ESTIM \$ \$ \$ \$	ngs Balance	\$ \$ \$	UNPAID BALANCE	
□ None − Please explain AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS Checking	BECREATIONAL VE/MODEL/YEAR BE Balance \$ ks/Bonds \$		MONTHLY PAY	YMENT	ESTIM \$ \$ \$ \$	ngs Balance CD	\$ \$ \$ \$ \$ \$	UNPAID BALANCE	
□ None – Please explain AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS Checking	g Balance \$ ks/Bonds \$ 401K \$		MONTHLY PAY	YMENT	ESTIM \$ \$ \$	ngs Balance CD IRA	\$ \$ \$ \$ \$ \$ \$ \$	UNPAID BALANCE	
ASSETS Checking	g Balance \$ ks/Bonds \$ 401K \$ 403B \$	EHICLES	MONTHLY PAY	/MENT	ESTIM \$ \$ \$ Savi	ngs Balance CD IRA er/HSA/FSA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS Checking Stock CERTIFICATION: I certify the	g Balance \$ ks/Bonds \$ 401K \$ 403B \$	EHICLES expense inform	MONTHLY PAY \$ \$ \$ anation is true and correct	YMENT	ESTIM \$ \$ \$ Savi	ngs Balance CD IRA er/HSA/FSA y review the in	\$ \$ \$ \$ \$ formation you	provided in conjunctio	
None – Please explain AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS Checking Stock	g Balance \$ ks/Bonds \$ 401K \$ 403B \$ e preceding income/ederstand if I knowing	EHICLES expense inform	MONTHLY PAY \$ \$ \$ ation is true and corrective information in the ap	YMENT	ESTIM \$ \$ \$ Savi	ngs Balance CD IRA er/HSA/FSA y review the in	\$ \$ \$ \$ \$ formation you	provided in conjunctio	
AUTO/MOTORCYCLE/R TYPE/MAKE ASSETS Checking Stock CERTIFICATION: I certify the with your credit report. I unc	g Balance \$ ks/Bonds \$ 401K \$ 403B \$ e preceding income/ederstand if I knowing sed and I will be resp	expense inform	MONTHLY PAN \$ \$ \$ anation is true and corrective information in the approximation in the appr	tt. Please be av	ESTIM \$ \$ \$ Savi	ngs Balance CD IRA er/HSA/FSA y review the in	\$ \$ \$ \$ \$ formation you	provided in conjunctio	

Date

Spouse (If applicable)