

Contact us! We're here to help.

For help completing this application, please contact our financial advocates:

Local..... 320.231.4371 or 320.231.4288
Toll-free1.866.601.0527
Fax..... 320.231.4088
Email.....ricebill@rice.willmar.mn.us

For additional information, please visit our web site:

www.RiceHospital.com/billing

When returning this completed application, please be sure to enclose:

- Copy of tax return or Social Security letter
- Copy of Medical Assistance denial letter
- Copy of car loan information
- Proof of medical expenses, both paid and unpaid (you do not need to include any bills from Rice Memorial Hospital)
- Insurance exchange letter showing proof or denial

Please return this application to our office by:

Rice Memorial Hospital
Financial Advocate
PO Box 150
Willmar, MN 56201

Financial Information

Rice Matching Grant

Rice will match your payment if you have a qualifying income level. Proof of income and assets must be provided.

Rice Trust Grant

The Rice Trust* Grant assists with payment of your Rice Hospital bills. Proof of income, assets and a Medical Assistance denial letter must be provided prior to approval. Your financial resources and medical expenses will be disclosed to Cushman A. Rice Trustees.

**The Rice Trust was created under the terms of Colonel Cushman A. Rice's last will and testament in order to help patients pay for services at Rice Memorial Hospital.*

Rice Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-320-235-4543.

ATENCIÓN: Rice Memorial Hospital cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Si usted habla español, servicios de asistencia lingüística, gratis, están a su disposición. Llame al 1-320-235-4543.

KA DIGTOONOW: Rice Hospital Memorial raacaysaa sharciyada xuquuqda madaniga Federaalka ay khuseyso oo aan takoor ku salaysan jinsiyad, midab, asal qaran, da', naafo, ama jinsiga. Haddii aad ku hadasho adeegyada kaalmada luqadda, oo lacag la'aan ah Soomaaliya,, waxaa laga heli karaa in aad. Wac 1-320-235-4543.



301 Becker Ave SW, PO Box 150
Willmar, MN 56201
320.231.4371 or 320.231.4288
www.ricehospital.com/billing

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Financial Assistance Application



Financial Assistance Application

The information on this form is used to determine whether you qualify for a Rice Grant.

If your bills at Rice Hospital are less than \$100, please do not apply. You are not eligible.

Grant funds are available only after all other third party resources have been accessed, this includes applying for Medical Assistance (not needed for Matching Grant).

Patient Information

Last First Middle

Street

City State ZIP

Cell Phone Home Phone

Date of Birth

Guardian/Parent(s) Contact Information

(If patient is a minor child)

Last First Middle

Street

City State ZIP

Cell Phone Home Phone

Household Income

Calculate based on the last 12 months or on the last calendar year.

Previous calendar year (attach taxes)

Number of people in your house _____

Yearly wages (before deductions) \$ _____

Unemployment income \$ _____

Yearly Social Security income \$ _____

Yearly pension income \$ _____

Yearly interest income \$ _____

Yearly dividend income \$ _____

Yearly net rental income \$ _____

Yearly contract for deed income \$ _____

Yearly alimony/support income \$ _____

Yearly Public Assistance income \$ _____

All other income \$ _____

TOTAL yearly household income \$ _____

Household Assets

Certificates of Deposit \$ _____

Account balance (HSA, Flex, VEBA) \$ _____

Investments (include retirement only if 59 1/2 years of age or older) \$ _____

Checking account \$ _____

Savings account \$ _____

Equity in non-homestead real estate \$ _____

Automobiles:

Year Make Model Mileage

Is there a loan on this car? Yes No

If yes, need proof of payments or loan paper work.

Year Make Model Mileage

Is there a loan on this car? Yes No

If yes, need proof of payments or loan paper work.

Other assets (describe) _____

Household Medical Expenses

Based on the last 12 months.

Attach proof of bills you have paid to date. (Do not include money paid by your insurance, Medicare, etc.)

Rice Memorial Hospital \$ _____

Doctors/Clinic \$ _____

Medications \$ _____

Medical equipment \$ _____

Home health services \$ _____

Therapy services \$ _____

Insurance/Medicare/MNSure premium \$ _____

Ambulance / Special transport \$ _____

Other medical (specify) \$ _____

TOTAL medical paid \$ _____

Attach proof of balances still owed after insurance has been applied to your bill.

Rice Memorial Hospital \$ _____

Doctors/Clinic \$ _____

Medications \$ _____

Medical equipment \$ _____

Home health services \$ _____

Therapy services \$ _____

Insurance/Medicare/MNSure premium \$ _____

Ambulance / Special transport \$ _____

Other medical (specify) \$ _____

TOTAL medical owed \$ _____

Signature

This application is a true and correct statement to the best of my knowledge.

Signature of applicant (or guardian if a minor child)

Date