

MRN - Approved Y____N __ Initials ____

PATIENT FINANCIAL ASSISTANCE

<p>Tax Return If you file taxes, you are required to provide your most recent 1040 Federal Tax Return (include the two pages showing your dependents and adjusted gross income)</p>	<p>SSI/SSD Recipients If you receive Social Security, please include your Social Security award letter.</p>	<p>Unemployment If you receive unemployment, please include your benefit determination letter showing your weekly benefits.</p>
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NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Number and Street Name) (City) (State) (Zip)

TELEPHONE: (Home) _____ (Cell) _____ (Date of Birth) _____

EMPLOYER: _____ OCCUPATION: _____

DATE OF HIRE: _____ EMPLOYER PHONE: _____

SPOUSE NAME: First: _____ MI: _____ Last: _____

SPOUSE EMPLOYER: _____ SPOUSE Date of Birth _____

DATE OF HIRE: _____ EMPLOYER PHONE: _____

DID YOU FILE TAXES LAST YEAR? Y____ N____ DO YOU HAVE INSURANCE? Y____ N____

Insurance name: _____ ID# _____ Spouse ID# _____

INCOME: List **income** from guarantor and spouse:

Monthly

Wages	_____
Farm or Self-Employment (must include most recent tax return)	_____
Public Assistance	_____
Social Security	_____
Unemployment Compensation	_____
Worker's Compensation	_____
Alimony	_____
Child Support (You receive)	_____
Pensions	_____
Income from Rental Property	_____

DEPENDENTS:

Name	Relationship	DOB	Insurance ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I affirm the above information is true and correct to the best of my knowledge. I also authorize CentraCare Health to verify any information listed above.

Guarantor Signature

Spouse Signature (REQUIRED)

Date

PATIENT FINANCIAL ASSISTANCE

Carris Health's Financial Assistance Program was established to assist patients who cannot pay for services received. If a patient meets the guidelines, the total bill or a portion of the charges may be covered. To be considered for assistance, please fill out the reverse side and return with the requested information.

For Carris Health to process your application, please follow the instructions below.

- Use gross income figures including spousal income, if you are married.
- If you have **NO** insurance, you **MUST** apply for medical assistance through MNSURE before you can qualify. You **MUST** also attach a copy of any medical assistance denial with this form or a print screen of your denial from the MNSURE website.
- **Please provide proof of income. If you file taxes, you are required to provide your most recent 1040 Federal Tax Return (include the two pages showing your dependents and adjusted gross income) OR, if you do not file taxes, please provide your last four pay stubs. If you receive Social Security, please include your Social Security award letter. If you receive unemployment, please include your benefit determination letter showing your weekly benefits.**
- Please return the requested information in the envelope provided, or mail to Carris Health, 301 Becker Avenue SW, Willmar, MN 56201
- If you qualify, we will notify you by mail within two weeks of receiving your application.

I hereby request that Carris Health makes a written determination of my eligibility for patient financial assistance. I understand the information, which I submit concerning my annual income and family size, is subject to verification by Carris Health. I also understand if the information which I submit is determined to be false, such a determination will result in a denial. Patient or guarantor will be liable for charges for services provided. The facility will provide financial assistance at no charge or at a specified charge less than the allowable credit for the services. All possible third party payers must be explored and finalized before financial assistance status is determined. I understand that if I am not a resident of the United States, I may not qualify.

If you have any questions, please contact:

Carris Health, Patient Financial Advocates:

320.231.4371 or 320.231.4288, or TOLL FREE 1.866.601.0527 FAX 320.231.4088

English: Carris Health complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 320-235-4543.

Somali: Carris Health waa mid u hogaansan xeerarka dawladda dhexe ee ilaalinta xuquuqda aadanaha mana ogola heyb sooc ku saleysan qowmiyadda, midabka, halka uu qofku ka soo jeedo asal ahaan, da'da, naafanimada ama jinsiga qofka. XUSUUSO: Haddii aad ku hadasho af Soomaali, adeegyo kaalmo oo dhanka luqadda, oo bilaash ah, ayaad helaysaa. Soo wac 320-235-4543

Spanish: Carris Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 320-235-4543.