



PATIENT FINANCIAL ASSISTANCE

CentraCare Health's Financial Assistance Program was established to assist patients who do not have the ability to 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 application form completely, sign and return with the requested information shown below.

Please include a copy of all the following items if applicable:

- Most recent 1040 Federal tax return **

** If your income or employment has changed, you will need to provide proof of your most recent full calendar month wages.

- Your most recent bank statement for you and your spouse
- Social Security Award letter or Form SSA 1099 – Social Security benefit statement
- Pension benefit letter

- Please make sure to indicate the insurance coverage for each family member on the application. (If applicable you may be referred for screening for medical assistance coverage.)

To ensure faster processing of your application it is important to make sure all blanks are completed, the application is signed, and all supporting documents are included with the application.

The completed application may be returned to us via email at financialassistance@centracare.com, or it can be dropped off at any CentraCare location or sent via the mail to:

CentraCare
Attn Patient Financial Services
1406 Sixth Ave N
St. Cloud, MN 56303.

If you have any questions, please feel free to contact our billing office:

CentraCare, Patient Financial Services:
Ph: 320-255-5613 or toll free-844-460-5533
FAX 320-656-7194

APPLICATION FOR FINANCIAL ASSISTANCE

For CentraCare to process your application you must complete all sections on the application. Along with your application you need to provide these documents:

- Proof of Income --Previous year's tax return
 - If your income or employment has changed, you will need to provide proof of your most recent full calendar month wages.
- Your most recent bank statement for you and your spouse
- If you receive Social Security, we will need your current year Award letter.

Applicant Information:

| | | |
|---------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
| Address | City | State |
| Primary Phone | Email Address | |
| Zip code | | |

Household Members and income information:

| Name | Date of Birth | Relationship to Applicant | Insurance Coverage Name |
|-------------|---------------|---------------------------|-------------------------|
| (Applicant) | | self | |
| | | | |
| | | | |
| | | | |

Monthly Income \$ _____ If there is no income, please explain how applicant is supporting themselves: _____

Do you file taxes? Yes No (circle one)

Do you have a checking or savings account? Yes No (circle one)

****If Assets are greater than \$500,000 you are not eligible for Financial Assistance**

Assets Information:

Please provide any income and assets information that applies to members of your household

| | | | |
|--|------------------------------|--|--|
| Checking, Savings, IRA/CD's and/or Other Accounts | \$ | | |
| Pension/Retirement Income | \$ | | |
| Property (other than your home), Recreational vehicles-campers, boats, motorcycles etc | Value: \$ Amount Owed: \$ | | |
| Other assets: | \$ | | |

I certify that the above information is true and correct to the best of my knowledge. I will apply and take reasonable action needed to get assistance (Medical Assistance, Medicare, Insurance etc.) to pay for my medical services. Financial Assistance is the payor of last resort. All other liability or possible payer will be exhausted prior to awarding CentraCare's financial assistance. I understand that this application is made so that CentraCare can see if I am eligible for financial assistance based upon defined criteria. CentraCare reserves the right to make exceptions to the policy in unusual financial circumstances.

Signature of Applicant _____ Date _____

Signature of Spouse _____

Date _____

English:

CentraCare Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-320-255-5989 (TTY: 1-320-255-5983).

Somali:

CentraCare 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 320-255-5989 (TTY: 1-320-255-5983).

Spanish:

CentraCare 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 1-320-255-5989 (TTY: 1-320-255-5983).