



## Financial Assistance Application

Refer to the Financial Assistance Policy for income guidelines. Questions about the application? Contact Ridgeview Patient Financial Services at 952.442.8054 or 866.286.9840.

Applicant Information			
Name:		Date of Birth:	
Address:	City:	State:	ZIP Code:
Primary Phone:		Marital Status*:	
Do you have current health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse/Significant Other Name:		Date of Birth:	
Does your spouse/significant other have current health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dependents Claimed on Your Federal Taxes <i>(include additional pages if needed)</i>			
Name	Date of Birth	Relationship	Current Health Insurance Coverage
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Income from Employment		
Do you, your spouse/significant other, or dependents have income from employment? <input type="checkbox"/> No** <input type="checkbox"/> Yes – complete below. Documentation of Income from Employment is required. **No Income? Provide an explanation regarding how you support yourself on a separate page.		
Name	Employer Name	Hourly Wage/Salary

Income from Another Source		
Do you, your spouse/significant other, or dependents receive income from a source other than work? <input type="checkbox"/> No <input type="checkbox"/> Yes – complete below. Documentation of Income from Another Source is required. Income Includes: Retirement/Pension, Interests/Dividends, Annuities, Unemployment, Rental Income, VA Benefits, Trusts, Social Security, Spousal Support, Child Support, Farm Income, Military Income, Wages earned by Dependents or any other income.		
Name	Type of Income	Annual Amount Received

### Bank Information/Liquid Assets

Do you, your spouse/significant other, or dependents have liquid assets?  No  Yes – complete below.

Documentation of Bank Information/Liquid Assets is required.

Liquid assets include cash property that can be easily converted to cash such as savings and checking accounts, stocks, bonds, certificate of deposit, annuities, and money market accounts.

Type of Asset	Name of Financial Institution	Estimated Value

### Household Expenses (Monthly)

Mortgage/Rent	Utilities (Gas/Electric)	Medical Debt

### Special Circumstances\* (include additional pages if needed)

Share your special circumstances\*:

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### Documentation Checklist

Include the supporting photocopied documentation (if applicable).

<input type="checkbox"/> Federal Tax Form (Most recent)	<input type="checkbox"/> Bank Statements (Most recent)	<input type="checkbox"/> Pay Stubs* (Most recent – 3 months)	<input type="checkbox"/> Proof of Liquid Assets
<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Social Security benefits*	<input type="checkbox"/> Medical Assistance Denial*	

\*Not applicable for National Health Services Corps locations: Ridgeview Clinics in Arlington, Gaylord, Henderson, and Winthrop.

### Acknowledgement and Signature

I acknowledge that the information in this application is true and correct to the best of my knowledge. I am aware that any misstated, misleading, missing, or false information can retroactively revoke my Financial Assistance allowance. It is also understood that by signing this form, I am allowing Ridgeview to verify all items listed and have provided all necessary documentation.

Signature of Applicant:	Date:
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Send completed Financial Assistance application and supporting documentation by faxing to 952.442.8052 or by mail to: Ridgeview, Attention: Patient Financial Services, 500 S. Maple St., Waconia MN 55387.

### For Internal Use

Application has been:  Approved Full  Approved 75%  Approved AGB \_\_\_\_\_%  Denied  
Reason for Denial:  Requested documents not received  Did not apply for Medical Assistance  Income exceeds guidelines  
 Other, explain \_\_\_\_\_

Reviewer Notes:	Reviewer Initials:
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Director Approval:	Date:
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Medical Record Number:	Approval Sent: <input type="checkbox"/>	Denial Sent: <input type="checkbox"/>
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