

HOW TO COMPLETE¹ FINANCIAL ASSISTANCE APPLICATION

- **Name** – List your complete legal name
- **Home Phone** – List your home phone number or best number to reach you at
- **HealthPartners Account #** - List your HPMG account number. You can find this number on the Patient Statement or obtain it by calling Patient Accounting
- **Address** – List your street address, including any unit or apartment number
- **Date of Birth** – List the day you were born (your birthday). Example: 04/29/1974
- **Marital Status** – List your current marital status (single, married, divorced, etc.)
- **Spouse/Other Household Adult** – List your husband or wife's name, as well as any other household adult (anyone age 18 or older living in the home)
- **Employer** – List the name of your current/other household adult(s) employer
- **Employment** – List if you/other household adult(s) work full-time, part-time, etc. and number of hours worked per week
- **Dependents** – List number of dependents, as a household, you (and any other household adult(s)) are able to claim on your taxes
- **Wages and Tips** – List any income you/other household adult(s) gross before taxes & social security, in wages and tips per month
- **Public Assistance** – List any income you/other household adult(s) receive(d) from public assistance (welfare, food stamps, rental subsidy)
- **Social Security and Disability** – List any income you/other household adult(s) receive(d) in social security or disability payments
- **Unemployment** – List any income you/other household adult(s) receive(d) in unemployment benefits
- **Other** – List any other income you/other household adult(s) received
- **Savings Account(s)** – List the total balance of any savings account(s) for both you and any other household adult(s)
- **Checking Account(s)** – List the total balance of any checking account(s) for both you and any other household adult(s)
- **Stocks/Bonds** – List the total value of any stocks and/or bonds for both you and any other household adult(s)
- **CD(s)** – List the total value of any Certificates of Deposit for both you and any other household adult(s)
- **Money Market Account(s)** – List the total balance of any money market account(s) for both you and any other household adult(s)
- **Other** – List any other asset(s) (e.g. home, car, etc.) for both you and any other household adult(s)
- **Primary insurance** – List your primary (insurance that pays first) insurance information
- **Secondary insurance** – List your secondary (if any) insurance information

¹ INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT FOR COMPLETION