

## Financial Assistance Application

<b>Please include applicable copies of your most recent federal income tax return, last 60 days of paystubs, social security benefit letter and/or unemployment benefit letter with this application. (Do not send originals)</b>			<b>Select entity:</b> <input type="checkbox"/> Amery Hospital & Clinic <input type="checkbox"/> Hutchinson Health	
Name		Date of birth		Home phone
Address		City		State
				ZIP
<b>Other Family Members (spouse or dependents)</b>				
Name			Date of birth	
Name			Date of birth	
Name			Date of birth	
Name			Date of birth	
Name			Date of birth	
<b>Insurance Information</b>				
Do you have insurance to cover medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Primary Insurance</b>			<b>Secondary Insurance</b>	
Name of insurance company			Name of insurance company	
Effective date		Group number	Effective date	
			Group number	
Policy number			Policy number	
<b>Employment Status</b>				
<b>Applicant</b> (check all that apply)			<b>Other household members</b> (check all that apply)	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Retired-Social Security <input type="checkbox"/> Retired-pension <input type="checkbox"/> Income assistance <input type="checkbox"/> No income			<input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Retired-Social Security <input type="checkbox"/> Retired-pension <input type="checkbox"/> Income assistance <input type="checkbox"/> No income	
<b>Income Information for Household Members</b>				
<b>APPLICANT</b>			<b>OTHER HOUSEHOLD MEMBERS</b>	
Type	Annual, Wage & Hrs./Weekly		Type	Annual, Wage & Hrs./Weekly
Wages			Wages	
Unemployment			Unemployment	
Social Security			Social Security	
Pension			Pension	
Income assistance			Income assistance	
Alimony			Alimony	
Child support			Child support	
<b>Read and sign—Signature and date are required to process your application — You have 30 days to complete this application, if you cannot complete this application within 30 days, you are welcome to apply at any time.</b>				
For purposes of this application for financial assistance, “HealthPartners” includes any HealthPartners-affiliated hospital, clinic, or other care delivery site, including but not limited to: <b>Hospitals:</b> Amery Hospital & Clinic (WI), Hutchinson Health				
I certify that the above information is true and correct. I understand that the information I have provided is subject to verification by HealthPartners, for review by federal and state agencies, and for other programs or related purposes. I also understand that my application and eligibility for financial assistance may be subject to the specific guidelines of the location from which I received my care.				
Signature			Date	

## How to apply for our financial assistance program

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When filling out this application, it is important that you provide us with current insurance and income, even if your situation has changed since you incurred your bills. Eligibility is based on your current household income. Please send application and income verifications to the appropriate entity:

### **Amery Hospital & Clinic**

P.O. Box 773221

Detroit, MI 48277-3221

Email: [hpfinancialassistance@healthpartners.com](mailto:hpfinancialassistance@healthpartners.com)

Phone: 715-268-8000 • Fax: 952-993-2770

### **Hutchinson Health**

P.O. Box 773219

Detroit, MI 48277-3219

Email: [hpfinancialassistance@healthpartners.com](mailto:hpfinancialassistance@healthpartners.com)

Phone: 320-484-4493 • Fax: 952-993-2270

## Frequently asked questions

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- **How do I qualify for the financial assistance program?**

We review your application, required income and asset documentation, and family size to determine if you qualify for a discount. Contact us with questions.

- **Whose income must be included with the application for financial assistance?**

If married, both spouses' incomes are included. Proof of separation required. If someone claims you on their tax return you must send in their income information as well.

- **Can I apply for financial assistance if I have insurance?**

Yes, the discount is applied after we receive payment from your insurance company.

- **Will my services qualify for a financial discount?**

Not all services are eligible for our financial assistance program. Some exclusions are cosmetic, elective, and not medically necessary services. Balances that would be paid by insurance like Medicare, Medicaid, automobile, worker's compensation, or liability insurance are also excluded.