



## Financial Assistance Application

Please include applicable copies of your most recent federal income tax return, last 60 days of paystubs, latest financial statement supporting liquid assets holdings, social security benefit letter and/or unemployment benefit letter with this application.

### Select entity:

- |   |  |
|---|--|
| <input type="checkbox"/> Amery Hospital & Clinic      | <input type="checkbox"/> Park Nicollet Health Services         |
| <input type="checkbox"/> HealthPartners Dental Group  | <input type="checkbox"/> Methodist Hospital                    |
| <input type="checkbox"/> HealthPartners Hospice       | <input type="checkbox"/> Methodist Hospital Homecare & Hospice |
| <input type="checkbox"/> HealthPartners Medical Group | <input type="checkbox"/> Park Nicollet Clinic                  |
| <input type="checkbox"/> Hudson Hospital & Clinic     | <input type="checkbox"/> Park Nicollet Health Care Products    |
| <input type="checkbox"/> Hutchinson Health            | <input type="checkbox"/> TRIA Orthopedics                      |
| <input type="checkbox"/> Lakeview Homecare & Hospice  | <input type="checkbox"/> Physicians Neck & Back Center         |
| <input type="checkbox"/> Lakeview Hospital            | <input type="checkbox"/> Regions Hospital & Clinic             |
| <input type="checkbox"/> Olivia Hospital & Clinic     | <input type="checkbox"/> Stillwater Medical Group              |
|   | <input type="checkbox"/> Westfields Hospital & Clinic          |

Name		Date of birth	Home phone
Address		City	State ZIP
Marital status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Widowed	Spouse/partner's name		Date of birth

### Dependents claimed on your Federal taxes

Name	Date of birth	Relationship
Name	Date of birth	Relationship
Name	Date of birth	Relationship

### Insurance Information

Do you have current insurance to cover medical expenses? <input type="checkbox"/> No <input type="checkbox"/> Yes (notify our office of any insurance changes)			
Name of PRIMARY INSURANCE company		Name of SECONDARY INSURANCE company	
Effective date	Group number	Effective date	Group number
Policy number		Policy number	

### Employment Status

Applicant (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

Spouse (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

### Bank Information/Liquid Assets

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

Do you have any liquid assets? ☐ No ☐ Yes, please list in fields below:

Type of asset	Name of financial institution	Estimated value

### Income information for all household earners (applicant, spouse, significant other, etc.)

APPLICANT		SPOUSE		SIGNIFICANT OTHER	
Type	Annual, Wage & Hrs./Weekly	Type	Annual, Wage & Hrs./Weekly	Type	Annual, Wage & Hrs./Weekly
Wages		Wages		Wages	
Unemployment		Unemployment		Unemployment	
Social Security		Social Security		Social Security	
Pension		Pension		Pension	
Income assistance		Income assistance		Income assistance	
Alimony		Alimony		Alimony	
Child support		Child support		Child support	

Other income (explain):

### Read and sign—Signature and date are required to process your application

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:

**Medical Groups:** HealthPartners Medical Group, Park Nicollet Clinic, Stillwater Medical Group

**Hospitals:** Amery Hospital & Clinic (WI), Hudson Hospital & Clinic (WI), Hutchinson Health, Lakeview Hospital, Olivia Hospital & Clinic, Park Nicollet Methodist Hospital, Regions Hospital & Clinic, Westfields Hospital & Clinic (WI).

**Other:** Physicians Neck & Back Center, TRIA Orthopedics, HealthPartners Dental Group

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
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## 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, income and asset information, even if your situation has changed since you incurred your bills. Eligibility is based on your current household income and assets. Please send application and income verifications to the appropriate entity:

### **Amery Hospital & Clinic**

Patient Financial Services  
265 Griffin St. E.  
Amery, WI 54001  
Email: amcfinancialcounseling@amerymedical.com  
Phone: 715-268-8000 • Fax: 715-268-0261

### **HealthPartners Medical Group - Clinics**

Mailstop: 25508B PO Box 1309  
Minneapolis, MN 55440  
Email: HPMGFinancialCounselor@HealthPartners.com  
Phone: 651-265-1021 • Fax: 952-883-9620

### **Hutchinson Health**

1095 Hwy 15 S.  
Hutchinson, MN 55350  
Email: HHBillingInquiries@HutchHealth.com  
Phone: 320-484-4493 • Fax: 952-883-3094

### **Lakeview Hospital**

927 W. Churchill Street  
Stillwater, MN 55082  
Phone: 651-430-4533 • Fax: 651-430-8591

### **Park Nicollet Health Services**

3800 Park Nicollet Blvd.  
PFS-FA/5050  
St. Louis Park, MN 55416  
Email: CustSerFinAsst@ParkNicollet.com  
Phone: 952-993-7672 • Fax: 952-993-2770

### **Regions Hospital**

Mailstop: 11102S  
640 Jackson Street  
St. Paul, MN 55101  
Email: RegionsBilling@HealthPartners.com  
Phone: 651-254-4791 • Fax: 651-254-1684

### **Westfields Hospital & Clinic**

535 Hospital Road  
New Richmond, WI 54017  
Email: WFBilling@HealthPartners.com  
Phone: 715-243-2600 • Fax: 715-243-2786

### **HealthPartners Dental**

Mailstop: 21113A  
8170 33rd Ave. S.  
Bloomington, MN 55423  
Email: HealthPartnersDentalFinancialAssistance@HealthPartners.com  
Phone: 952-967-6636 • Fax: 952-883-5160

### **Hudson Hospital & Clinic**

405 Stageline Road  
Hudson, WI 54016  
Email: pfs@hudsonhospital.org  
Phone: 715-531-6200 • Fax: 715-531-6201

### **Lakeview Homecare & Hospice**

5803 Neal Avenue N.  
Oak Park Heights, MN 55082  
Email: HomecareHospiceBilling@HealthPartners.com  
Phone: 651-430-8709 • Fax: 651-430-8505

### **Olivia Hospital & Clinic**

100 Healthy Way  
Olivia, MN 56277  
Email: ohcbilling@HealthPartners.com  
Phone 1: 320-523-3452, Phone2: 320-523-8308 • Fax: 320-523-8349

### **Physicians Neck & Back Center**

NW6211 PO Box 1450  
Minneapolis, MN 55485  
Email: PNBCBusinessOffice@PNBCOnline.com  
Phone: 651-631-4248 • Fax: 320-534-3191

### **Stillwater Medical Group**

Business Office  
1500 Curve Crest Blvd.  
Stillwater, MN 55082  
Email: smgbusinessoffice@lakeview.org  
Phone: 651-439-6528 • Fax: 651-351-0827

## 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.