



- Select entity:**
- Amery Hospital & Clinic
 - HealthPartners Hospice
 - HealthPartners Medical Group
 - Hudson Hospital & Clinic
 - Hutchinson Health
 - Lakeview Homecare & Hospice
 - Lakeview Hospital
 - Olivia Hospital & Clinic
 - Park Nicollet Health Services
 - Methodist Hospital
 - Methodist Hospital Homecare & Hospice
 - Park Nicollet Clinic
 - Park Nicollet Health Care Products
 - TRIA Orthopedics
 - Regions Hospital & Clinic
 - Stillwater Medical Group
 - Westfields Hospital & Clinic

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.

| | | | |
|----------------------------|---|-----------------------|---------------|
| Name | | Date of birth | Home phone |
| Address | | City | State ZIP |
| Marital status (check one) | <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Legally separated | 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? No 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)

Employed Unemployment
 Retired-Social Security Retired-pension
 Income assistance No income

Spouse (check all that apply)

Employed Unemployment
 Retired-Social Security Retired-pension
 Income assistance 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: TRIA Orthopedics

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

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

Hudson Hospital & Clinic

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

Hutchinson Health

1095 Hwy 15 S.
Hutchinson, MN 55350
Email: HHBillingInquiries@HutchHealth.com
Phone: 320-484-4493 • Fax: 320-484-4694

Lakeview Homecare & Hospice

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

Lakeview Hospital

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

Olivia Hospital & Clinic

100 Healthy Way
Olivia, MN 56277
Email: ohcbilling@HealthPartners.com
Phone 1: 320-523-3452, Phone 2: 320-523-8308
Fax: 320-523-8349

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

Stillwater Medical Group

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

Westfields Hospital & Clinic

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

Frequently asked questions

- **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.