

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. (Do not send originals)

Select entity:

- | | |
|----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> HealthPartners Clinic Stillwater | <input type="checkbox"/> Park Nicollet Health Services |
| <input type="checkbox"/> HealthPartners Hospice | Methodist Hospital |
| <input type="checkbox"/> HealthPartners Medical Group | Methodist Hospital Homecare |
| <input type="checkbox"/> Hudson Hospital & Clinic | & Hospice |
| <input type="checkbox"/> Lakeview Homecare & Hospice | Park Nicollet Clinic |
| <input type="checkbox"/> Lakeview Hospital | Park Nicollet Health Care Products |
| <input type="checkbox"/> Olivia Hospital & Clinic | TRIA Orthopedics |
| <input type="checkbox"/> St. Francis Ambulatory Surgery & Endoscopy Center | <input type="checkbox"/> Regions Hospital & Clinic |
| | <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 (if you are claimed as a dependent, see FAQ for additional information)

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 — 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.

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, HealthPartners Clinic Stillwater

Hospitals: Hudson Hospital & Clinic (WI), Lakeview Hospital, Olivia Hospital & Clinic, Park Nicollet Methodist Hospital, Regions Hospital & Clinic, Westfields Hospital & Clinic (WI)

Other: TRIA Orthopedics, St. Francis Ambulatory Surgery & Endoscopy Center

I certify that the above information is true and correct. I understand that the information I have provided is subject to verification by HealthPartners and may be used 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

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.

Send completed application and income verifications to:

HealthPartners Clinic Stillwater

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 651-439-6528 • Fax: 952-993-2770

HealthPartners Medical Group - Clinics

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 651-265-1999 • Fax: 952-993-2770

Hudson Hospital & Clinic

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 715-531-6200 • Fax: 952-993-2770

Lakeview Homecare & Hospice

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 952-977-3616 • Fax: 952-993-2770

Lakeview Hospital

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 651-430-4533 • Fax: 952-993-2770

Olivia Hospital & Clinic

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 320-523-8300 • Fax: 952-993-2770

Park Nicollet Health Services

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 952-993-7672 • Fax: 952-993-2770

Regions Hospital

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 651-254-4791 • Fax: 952-993-2770

St. Francis Ambulatory Surgery & Endoscopy Center

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 952-883-7360 • Fax: 952-993-2770

Westfields Hospital & Clinic

P.O. Box 773217
Detroit, MI 48277-3217
Email: hpfinancialassistance@healthpartners.com
Phone: 715-243-2600 • Fax: 952-993-2770

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.