



- Select entity:**
- Amery Hospital & Clinic
 - HealthPartners Dental Group
 - 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
 - Physicians Neck & Back Center
 - 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: 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
-----------	------

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

Hutchinson Health

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

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

- **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.