FINANCIAL ASSISTANCE APPLICATION

SOURCE: Financial Services

Thank you for requesting an application for the Customer Assistance Program.

Please complete this application and return to Lakewood Health System within the next 10 days. Remember to include your income documentation along with the signed application.

Income documentation should include:

- Most recent tax return, 1040EZ or 1040A, along with any schedules used to complete your tax return

If you do not file taxes, or if your income has changed since you last filed taxes, please include all of the following that apply to you:

- Copies of your last two months paycheck stubs
- Copy of your most recent back statement
- Copy of your pension income
- Copy of your social security and/or disability award
- Unemployment or workman's compensation award
- Any other documentation showing any other type of income

Also note, if your account qualities for a discount greater than 50%, you will be required to apply for MN Health Care Program. (Please see Application Procedure and Frequently Asked Questions.)

If you have any questions regarding that income documentation you should send, please call: 218-894-8394 or 218-894-8337

FINANCIAL ASSISTANCE APPLICATION

SOURCE: Financial Services

Please complete and sign this application if you are interested in applying for financial assistance. Requirements, procedures and commonly asked questions are found on page two. You may contact an employee in our Patient Financial Services office for assistance. The number to call is 218-894-8394.

Lakewood Health System Guarantor Account(s) #:_____

Name: _____

Date of Birth: _____ Social Security #:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Cell: _____ Work: _____

Marital Status:_____ Name of Spouse/Significant Other:_____

Social Security #:_____ Date of Birth:_____

List household members and/or dependents	Relationship	Date of Birth

EMPLOYMENT INFORMATION		SPOUSE
☐ Employed ☐ Self Employed ☐ Unemployed		☐ Employed ☐ Self Employed ☐ Unemployed

INCOME DOCUMENTATION IS A REQUIREMENT. (SEE PAGE 2)

Income (list all family income)

Please list all of the following information as it pertains to your financial status today.
Provide documentation for each income type. See page 2 for details.

Type of Income	Household member #1	Household member #2
Wages/Self-employment income – monthly	$	$
Public Assistance - monthly	$	$
Alimony - monthly	$	$
Child Support - monthly	$	$
Social Security - monthly	$	$
Pension(s) – monthly	$	$
Unemployment or Workers compensation - monthly	$	$
Other income - monthly	$	$
Total Monthly Income:	$	$

INSURANCE INFORMATION

Do you have insurance to cover medical expenses? ☐ Yes ☐ No Notify our office of any insurance changes.

Name of primary insurance company:_____

Address:_____ City:_____ State:_____ Zip:_____

Effective date:_____ Group #:_____ Policy #:_____

Name of secondary insurance company:_____

Address:_____ City:_____ State:_____ Zip:_____

Effective date:_____ Group #:_____ Policy #:_____

READ AND SIGN

I will notify Lakewood Health System of any material changes in the statements provided on this form. I understand that this financial statement is to retain financial assistance and a credit bureau check may be obtained to verify eligibility. It will be treated as confidential information.

Signature:_____ Date:_____

FINANCIAL ASSISTANCE APPLICATION

SOURCE: Financial Services

Application Procedure and Frequently Asked Questions

1. How do I apply and how do I qualify?
    - Complete your Financial Assistance Application, including your signature, and provide income documentation.
    - Lakewood Health System will review this application after it has been submitted/ received.
    - Qualification is based upon HOUSEHOLD INCOME when compared to family size.
2. What income documentation do I need to include with my completed application?
    - You will need to supply documentation supporting your current income, this could be one or more of the following items:
        - Your most recent Federal Tax return along with schedules C, D, E or F
        - Include most recent Federal Tax return for other household members that are not included on your return
        - Copies of last two paycheck stubs
        - Social Security Award Letter
        - A copy of your Pension income
        - Earnings from Unemployment compensation
        - Earnings from Workers compensation
        - A copy of your most recent bank statement
    - You may call our office with questions concerning this requirement if you are unsure of what to include.
3. What income must be reported on the application?
    - Both spouse incomes if you are married and both incomes for significant others. Both parents' income must be included if you are 18 years or older and can be counted on your parent's income returns.
4. Can I apply for financial assistance if I have insurance?
    - Yes. Any discount you qualify for under this program will be made after we receive payment from your insurance company.
5. What services do NOT qualify for financial assistance discount?
    - Insurance co-pays.
    - Lakewood Care Center, Lakewood Care Van, Lakewood Manor and Lakewood Pines services are excluded from this discount.
    - Durable Medical Equipment unless prescribed by a physician.
    - Fees from outside entities such as visiting doctors, specialists, reference labs or radiologists.
    - DOT physicals
    - Infertility Services
6. How often do I need to apply for this program?
    - If approved, the program will be in place for 12 months. You will need to reapply annually. A notice will be sent prior to the expiration date of your program discount.
7. If you are approved for a discount greater than 50%, Lakewood will request that you apply for MN Health Care Program. Attach a copy of any approval or denial letter you have received from a government agency, such as Medical Assistance.

The review of items submitted, the acceptance into this program, and the awards given are at the sole discretion of Lakewood Health System.

This institution is an equal opportunity provider and employer.