

FINANCIAL ASSISTANCE APPLICATION



Source: Financial Services

Thank you for requesting an application for Lakewood Health System's 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 bank 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 qualifies 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.)

For questions or assistance with completing the Minnesota Healthcare application, please contact our Community Health team at 218-894-8329.

If you have any questions regarding what income documentation you should send, please call 218-894-8457.

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Please complete and sign this application if you are interested in applying for financial assistance at Lakewood Health System. Requirements, procedures and frequently asked questions can be found on the next page. You may contact a member of our Patient Financial Services team at 218-894-8457 for assistance.

Lakewood Health System guarantor account(s) # _____
 Name _____ Date of birth _____ Social Security # _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ Cell phone _____ Work phone _____
 Marital status _____ Name of spouse/significant other (SO) _____
 Spouse/SO Social Security # _____ Spouse/SO date of birth _____

List household members and/or dependents	Relationship	Date of birth
Employment information		Spouse/significant other
<input type="checkbox"/> Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed		<input type="checkbox"/> Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed

Income documentation is a requirement. (See next page.)

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 next page 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 _____

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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 on 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
 - Please call our office with questions about this requirement if you are unsure what to include.
3. What income must be reported on the application?
 - Both spousal incomes if you are married and both incomes for significant others. Both parents' income must be included if you are 18 or older and can be counted on their 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, and Lakewood Home Care and Hospice services
 - Medical Marketplace durable medical equipment
 - 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.