

**Select entity:**

<input type="checkbox"/> Amery Hospital & Clinic	<input type="checkbox"/> Park Nicollet Health Services
<input type="checkbox"/> HealthPartners Clinic Stillwater	Methodist Hospital
<input type="checkbox"/> HealthPartners Hospice	Methodist Hospital Homecare & Hospice
<input type="checkbox"/> HealthPartners Medical Group	Park Nicollet Clinic
<input type="checkbox"/> Hudson Hospital & Clinic	Park Nicollet Health Care Products
<input type="checkbox"/> Hutchinson Health	TRIA Orthopedics
<input type="checkbox"/> Lakeview Homecare & Hospice	<input type="checkbox"/> Regions Hospital & Clinic
<input type="checkbox"/> Lakeview Hospital	<input type="checkbox"/> Westfields Hospital & Clinic
<input type="checkbox"/> Olivia 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. (Do not send originals)**

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 (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?  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 — 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:** 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
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## How to apply for our financial assistance program

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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  
P.O. Box 9192  
Minneapolis, MN 55480-9192  
Email: amcfinancialcounseling@amerymedical.com  
Phone: 715-268-8000 • Fax: 715-268-0261

### **HealthPartners Clinic Stillwater**

P.O. Box 183  
Minneapolis, MN 55480-0183  
Email: smgbusinessoffice@lakeview.org  
Phone: 651-439-6528 • Fax: 651-351-0827

### **HealthPartners Medical Group - Clinics**

P.O. Box 183  
Minneapolis, MN 55480-0183  
Email: HPMGFinancialCounselor@HealthPartners.com  
Phone: 651-265-1021 • Fax: 952-883-9620

### **Hudson Hospital & Clinic**

P.O. Box 1522  
Minneapolis, MN 55480-1522  
Email: pfs@hudsonhospital.org  
Phone: 715-531-6200 • Fax: 715-531-6201

### **Hutchinson Health**

P.O. Box 850  
Minneapolis, MN 55480-0850  
Email: HHBillingInquiries@HutchHealth.com  
Phone: 320-484-4493 • Fax: 952-883-3094

### **Lakeview Homecare & Hospice**

P.O. Box 9130  
Minneapolis, MN 55480-9130  
Email: HomecareHospiceBilling@HealthPartners.com  
Phone: 651-430-8709 • Fax: 651-430-8505

### **Lakeview Hospital**

P.O. Box 9130  
Minneapolis, MN 55480-9130  
Phone: 651-430-4533 • Fax: 651-430-8591

### **Olivia Hospital & Clinic**

P.O. Box 1391  
Minneapolis, MN 55480-1391  
Email: ohcbilling@HealthPartners.com  
Phone 1: 320-523-3452, Phone 2: 320-523-8308  
Fax: 320-523-8349

### **Park Nicollet Health Services**

P.O. Box 9131  
Minneapolis, MN 55480-9131  
Email: CustSerFinAsst@ParkNicollet.com  
Phone: 952-993-7672 • Fax: 952-993-2770

### **Regions Hospital**

P.O. Box 9110  
Minneapolis, MN 55480-9110  
Email: RegionsBilling@HealthPartners.com  
Phone: 651-254-4791 • Fax: 651-254-1684

### **Westfields Hospital & Clinic**

P.O. Box 9109  
Minneapolis, MN 55480-9109  
Email: WFBilling@HealthPartners.com  
Phone: 715-243-2600 • Fax: 715-243-2786

## Frequently asked questions

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- **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.