



Financial Assistance Policy Summary and Application

Great River Health System understands there are situations when patients cannot pay for the services provided. If you need help paying for medical services, you may qualify for financial assistance from the health system.

Details

- Before applying for financial assistance, you **MUST** contact the Department of Human Services or our Patient Eligibility Services to determine if you are eligible for government services.
- Financial assistance may be granted for 15%, 25%, 50%, 75% or 100% of the patient's bill.
- Financial assistance will be applied to all open balances with a good-standing status.
- Applications are valid for 12 months from the date the application was signed if the responsible party continues to meet eligibility requirements. Financial counselors may re-evaluate household income any time they find it necessary.
- The amount of assistance applied is determined by Federal Poverty Levels of the Federal Poverty Guidelines, which are updated annually.
- **No medically necessary or emergency services will be denied due to inability to pay.**

How to apply

- Complete and sign all sections of the Financial Assistance Application on the back of this summary.
- Provide this information:
 - Paycheck stubs from the last two months for everyone living in your household above age 18 (excluding high school students)
 - Social Security income. You can use a copy of your most-recent check, bank statement or benefits letter.
 - Most-recent state and federal income tax forms
 - If you are unemployed: state unemployment claims AND final paycheck stub from your last job
 - Denial letter from the Department of Human Services

Services covered

All inpatient services	Internal Medicine	Podiatry
Annex	Laboratory	Psychiatry
Cancer Treatment	Medicine Specialists	Pulmonary Rehabilitation
Cardiac Rehabilitation	Mental Health	Pulmonology
Cardiology	Nephrology	QuickCare
Day Hospital	Neurology	Radiology
Dermatology	Nursery	Respiratory Care
Diagnostic Imaging	Obstetrics	Sleep Disorders
Digestive Health	Occupational Health	Speech Therapy
Emergency Care	Ophthalmology	Surgical Services
Family Medicine	Orthopedics	Urology
Gynecology	Otolaryngology (ear, nose, throat)	Walk-In Clinic
Heart & Vascular Center	Palliative Care	Women's Health
Home Health	Pediatrics	Wound
Hospice	Physical Therapy	

If you have questions about our financial assistance policy or application, or if you want to review our full policy, please call Patient Financial Services-Patient Billing at 877-404-4763, option 2.

Financial Assistance Application

Patient Information

Name _____ Telephone _____
 Address _____ Date of Birth _____ Marital Status _____
 City _____ State _____ Zip _____ Social Security Number _____

Responsible Party Information (if different from patient)

Spouse of Responsible Party Information

Name	Name
Address	Address
City State Zip	City State Zip
Telephone	Telephone
Date of Birth Marital Status	Date of Birth Marital Status
Social Security Number	Social Security Number

Family Members in Household

Name	Date of Birth	Relationship

Income

Source	Amount Received	How Often Received	Person Receiving
Employment Income			
Employment Income			
Social Security			
Child Support/Alimony			
Pension/Unemployment			
Other (Explain)			

Please describe your personal situation and your reasons for requesting assistance. This may include but not be limited to your monthly expenses such as mortgage, child support, alimony and loans.

If your financial assistance application is showing no income at all, please describe how you provide for your everyday living expenses such as housing, food and clothing.

I hereby acknowledge that the information given to Great River Health System is true and correct to the best of my knowledge. I hereby authorize Great River Health System to verify this information.

Responsible party signature _____ Date _____

Spouse signature _____ Date _____