

Financial assistance application form



Ascension

Secondary Form – Wisconsin Avenue Family Practice/St Joseph's Women's Outpatient Center

Patient information

(Please print and all fields must be completed. Indicate N/A if not applicable on any individual line in the application)

Date _____ Account number _____
Name (first and last) _____
Birth date _____ Phone number _____
Mailing address _____ City _____ State _____ ZIP _____
Employer _____ Employment status _____
Number of hours worked per week _____ Employer phone number _____

Responsible party's information/legal guardian's information

(If patient above is same as responsible party, leave this section blank.)

Name (first and last) _____
Birth date _____ Phone number _____
Mailing address _____ City _____ State _____ ZIP _____
Employer _____ Employment status _____
Number of hours worked per week _____ Employer phone number _____

Dependents of responsible party

(If patient is same as responsible party, fill in spouse information for patient.)

Name _____ Birth date _____ Relationship to responsible party _____
Name _____ Birth date _____ Relationship to responsible party _____
Name _____ Birth date _____ Relationship to responsible party _____
Name _____ Birth date _____ Relationship to responsible party _____
Number of adults and children living in household _____

Monthly income

(Fill in dollar amounts for each item listed below. Provide amount per month for each.)

Applicant earned income _____
Applicant spouse income _____
Social security benefits _____
Pension/retirement income _____
Disability income _____
Unemployment compensation _____
Worker's compensation _____
Interest/dividend income _____

Child support received _____
Rental property income _____
Food stamps _____
Trust fund distribution received _____
Other income _____
Other income _____
Total gross monthly income \$ _____

Monthly living expenses

Mortgage/rent _____
Utilities _____
Phone (landline) _____
Cell phone _____
Groceries/food _____
Cable/internet/satellite tv _____
Car payment _____
Child care _____

Child support _____
Credit cards _____
Doctor/hospital bills _____
Car/auto insurance _____
Home/property insurance _____
Medical/health insurance _____
Life insurance _____
Other monthly expense _____
Total monthly expenses \$ _____

I hereby certify that the above information is true and complete to the best of my knowledge. I hereby authorize the hospital to obtain information from external credit reporting agencies if the hospital deems necessary.

Signature of Applicant _____

Date _____

Comments _____



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Letter of support

Patient medical record number/account number _____

Supporter's name _____

Relationship to patient/applicant _____

Supporter's address _____

To Ascension:

This letter is to advise that (patient's name) _____ receives little to no income and I am assisting with his/her living expenses. He/She has little to no obligation to me.

By signing this statement, I agree that the information given is true to the best of my knowledge.

Signature of supporter _____

Date _____



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Dear Patient/Applicant,

Ascension is driven by compassion and dedicated to providing personalized care for all – especially those most in need. It is our mission and privilege to offer financial assistance to our patients. Financial assistance is available only for emergency and other medically necessary care. Thank you for trusting us to care for you and your family for all of your healthcare needs.

We are sending this letter and the attached financial assistance application because we received your request. If you did not request this, please disregard. Please complete both sides, including your signature and date before returning it. If you completed an application within the past six months and were approved for financial assistance, please notify us – you may not need to complete a new application. Unfortunately, we are unable to rely on a prior application that is greater than six months old.

Along with the application, you will need to provide verification of your household's income.

Examples of proof of income:

- Copies of 3 most recent paystubs from employer
- Copies of most recent yearly tax return (if self-employed, include all schedules)
- Social Security and/or Pension Retirement Award Letter
- Parent or guardian's most recent yearly tax return, if applicant is a dependent listed on their tax form and under the age 25
- Copy of receipt of unemployment benefits
- Other income validation documents

If you receive assistance from or live in a home with a family or friends, please have them complete the attached form labeled "Letter of Support." This will not make them responsible for your medical bills. This will help show how you are able to afford living expenses. If you do not receive assistance from family and friends, you do not need to fill out the Letter of Support form.

Finally, we may be able to consider your outstanding medical bills to qualify you for financial assistance. If you would like for us to consider this, please also provide documentation of your outstanding monthly medical and pharmacy/drug costs, such as current invoices or statements of account balances. **Please know that the 1) completed application along with 2) proof of income, and 3) outstanding medical bills (if applicable) must be received in order for the application to be considered. We are unable to process or consider applications that are not complete.**

When submitting your application, please keep in mind that communications via email over the internet are not secure. Although it may be unlikely, there is a possibility that information you include in an email may be intercepted and read by other parties besides the person to whom it is addressed. We want to protect your personal information and ensure that it remains secure. Since

the application contains your social security number and other private information, we urge you to refrain from emailing it.

Please print and mail or hand deliver your completed application and supporting documentation to the following address:

Ascension Wisconsin
PO Box 860496
Minneapolis, MN 55486-0496

We are here to help and want to ensure that patients that qualify for financial assistance receive it. If you have any questions about this application, supporting documents required, or how to best get your application to us, please call one of our Patient Representatives at 877-304-6332.

Sincerely,

Patient Financial Services
Ascension



Ascension

<p>Ascension All Saints Hospital Attn: Financial Counselor 3801 Spring Street Racine, WI 53405 877-304-6332</p>	<p>Ascension St Francis Hospital Attn: Financial Counselor 3237 S. 16th Street Milwaukee, WI 53215 877-304-6332</p>	<p>Ascension Elmbrook Hospital Attn: Financial Counselor 19333 W North Ave Brookfield, WI 53045 877-304-6332</p>
<p>Ascension Franklin Hospital Attn: Financial Counselor 10101 S 27 Street Franklin, WI 53132 877-304-6332</p>	<p>Midwest Orthopedic Specialty (MOSH) Attn: Financial Counselor 10101 S 27 Street Franklin, WI 53132 888-281-2392</p>	<p>Ascension St. Joseph Hospital Attn: Financial Counselor 5000 W Chambers Street Milwaukee, WI 53210 877-304-6332</p>
<p>Ascension Columbia St. Mary's Milwaukee Hospital Patient Accounting / Office Center 2301 N Lake Dr Milwaukee, WI 53211 877-304-6332</p>	<p>Ascension Columbia St. Mary's Ozaukee Hospital Patient Accounting / Office Center 13111 N Port Washington Rd Mequon, WI 53097 877-304-6332</p>	<p>Ascension Surgery Center Mount Pleasant Attn: Financial Counselor 3801 Spring Street Racine, WI 53405 877-304-6332</p>
<p>Ascension Wisconsin Hospital Greenfield Campus 8686 New Trails Dr., Suite 100 The Woodlands, TX 77381 877-516-0911 Option 1</p>	<p>Ascension Wisconsin Hospital Menomonee Falls Campus 8686 New Trails Dr., Suite 100 The Woodlands, TX 77381 877-516-0911 Option 1</p>	<p>Ascension Wisconsin Hospital Waukesha Campus 8686 New Trails Dr., Suite 100 The Woodlands, TX 77381 877-516-0911 Option 1</p>
<p>Ascension Calumet Hospital Attn: Financial Counselor 500 S Oakwood Rd Oshkosh, WI 54904 877-304-6332</p>	<p>Ascension NE WI Mercy Hospital Attn: Financial Counselor 500 S Oakwood Rd Oshkosh, WI 54904 877-304-6332</p>	<p>Ascension NE WI St. Elizabeth Hospital Attn: Financial Counselor 1506 S. Oneida St Appleton, WI 54915 877-304-6332</p>