

PrairieCare Financial Assistance Application

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| Patient and Responsible Party Demographic Information | | | | | | | |
| **Responsible Party Legal Name** (if patient is 18 years old or younger): | | | | | | | |
| Relationship to Patient: | | | | | | | |
| DOB: | | SSN: | | | Primary Phone: | | |
| Current address: | | | | | | | |
| City: | | State: | | | ZIP Code: | | |
| **Patient Legal Name:** | | | | | | | |
| DOB: | | SSN: | | | Legal Sex (circle one): M, F, FTM, MTF | | |
| Address (if different than above): | | | | | | | |
| City: | | State: | | | Zip Code: | | |
| Employment Information- Responsible Party information only. | | | | | | | |
| Is the Responsible Party currently employed? (If yes, complete below) Yes No | | | | | | | |
| If No, please explain: | | | | | | | |
| Current employer: | | | | | | | |
| Employer address: | | | | Employment Length: | | | |
| Phone: | | | E-mail: | | | Fax #: | |
| City: | | | State: | | | Zip code: | |
| Position: | | | Hourly Salary (Please circle)) | | | Annual Income: | |
| Family Demographics- please include everyone living in your household | | | | | | | |
| Responsible Party Marital Status: (circle one) Single Married Partnered Divorced Legally Separated Widowed | | | | | | | |
| **Spouse/Partner Legal Name:** | | | | DOB: | | | |
| Is your Spouse/Partner: Employed No Income Receiving Unemployment Receiving Medicare/Medicaid benefits | | | | | | | |
| Spouse’s Current Employer: | | | | Annual Income: | | | |
| **Dependents claimed on your Federal taxes** | | | | | | | |
| Name: | DOB: | | | Relationship: | | | Annual Income: |
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| Name: | DOB: | | | Relationship: | | | Annual Income: |
| **Please attach copies of paycheck stubs, tax returns or other proof on income for each working person listed above**. If there are additional working members of the household, please include their income information on a separate sheet of paper. | | | | | | | |
| Bank Information/Liquid Assets/Additional Income- this information is required to process your application. | | | | | | | |
| This includes: savings and checking accounts, HSA accounts, 401k, stocks, bonds, royalties, estates, trusts, public assistance, social security, alimony, child support, military family allotments, pensions, dividends, interests or rent. **Proof of income must be attached.** | | | | | | | |
| Do you have any of the above liquid assets: Yes (if yes, please list below) No | | | | | | | |
| Type of Asset | | | | Estimated Value | | | |
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| Insurance Information | | | | | | | |
| Do you currently have insurance?: Yes No | | | | | | | |
| **Primary Insurance for Responsible Party:** | | | | | | | |
| Member ID: | | | | Group Number: | | | |
| Effective date: | | | | Is the Patient insured under this plan? Yes No | | | |
| If No, What insurance coverage does the Patient have? | | | | | | | |
| Insurance Name: | | | | Effective Date: | | | |
| Member ID: | | | | Group Number: | | | |
| **Does the Patient have Secondary Insurance?** Yes No | | | | Insurance Name (if yes): | | | |
| Member ID: | | | | Group Number: | | | |
| **Have you applied for Medical Assistance?:** Yes No  State: | | | | Date Applied: | | | Policy #: |
| Read and Sign- Responsible Party signature is required for your application to be accepted and processed. | | | | | | | |
| **I understand** that I am not guaranteed to receive Financial Assistance on any or all of the amounts owed and that, pending PrairieCare’s review of my eligibility based on household size and income, any outstanding amounts may remain my responsibility for payment.  **I certify** information provided on this application is true and correct to the best of my knowledge and truly represents my current household financial status.  **I agree** to allow PrairieCare to check my insurance benefits and eligibility upon receiving my application for Financial Assistance. | | | | | | | |
| Signature of Responsible Party: | | | | Date: | | | |

Please return completed application to: ***PrairieCare, Attn: Patient Accounts, 9400 Zane Ave N, Brooklyn Park MN 55443 P#: 952-826-8460 F: 763-559-6450***

**How to apply for PrairieCare’s Financial Assistance Program**

1. Call or meet with a PrairieCare Financial Counselor at any PrairieCare location to see if the Financial Assistance program will work for you and your family.
2. Complete the above application. Any information left off the application may result in your application not being processed.
3. **Attach the required forms to your application: (Investments, Proof of Income, W-2’s, Tax returns, pay stubs).**
4. Mail or Fax your application to:

PrairieCare, Attn: Patient Accounts, 9400 Zane Ave N, Brooklyn Park MN 55443, Fax: 763- 559-6450

**Frequently Asked Questions about PrairieCare’s Financial Assistance Program**

1. **Who can apply to the Financial Assistance Program?**
   1. We are happy to review Financial Assistance Applications from anyone wishing to apply.
   2. If you have insurance you can still apply for our Financial Assistance Program.
2. **Who qualifies for a Financial Assistance discount?** 
   1. Our Financial Assistance Policy follows income criteria is based on the 2015 Federal Poverty Guidelines and is dependent on household gross income and family size.
3. **How often do I need to apply?**
4. Every calendar year from the date your initial application is approved, and you still wish to receive Financial Assistance from PrairieCare.
5. If your income changes during the course of a year, you are required to inform us of this change. Failure to do so can result in a loss of any further Financial Assistance.
6. **How does the Financial Assistance Program work?**
   1. Our Financial Assistance policy will help with amounts *after* your insurance processes your claims and determines what will be applied to your deductible or coinsurance as patient responsibility.
   2. If you do not have insurance or are Self-Pay for services, our Financial Assistance Policy will help with amounts that are billed directly to you from PrairieCare.
      1. *We expect anyone without insurance to apply for Medical Assistance to help cover medical costs. If you need assistance with applying for Medical Assistance, please contact a PrairieCare Financial Counselor or your local MNSure location.*
7. **What charges doesn’t the Financial Assistance discount apply to?**
   1. The Financial Assistance discount does not apply to No-Show fees, Late Fees or interest charges. Please call our Patient Accounting office for more details.
8. **What do I need to submit for my application to be processed?**
   1. The above, completed application. Any spaces left blank may result in your application not being processed.
   2. Proof of any income or income information for any household members as listed above. If this is not included your application will not be processed. **(Investments, Proof of Income, W-2’s, Tax returns, pay stubs).**
9. **How long will it take to process my application?**
   1. The approval process can take up to 14 days if all necessary paperwork is provided. You will receive a letter in the mail informing you of your approval or denial.