



## CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

For Hospital and Professional services provided by facilities and physicians of MercyOne

### FINANCIAL ASSISTANCE APPLICATION

Thank you for choosing MercyOne for your healthcare services. In recognition of MercyOne's policy to provide quality health care to all persons regardless of their financial status, MercyOne's Financial Assistance program provides financial assistance to those in need in a fair and non-discriminatory manner. To help us determine if you are qualified to receive financial assistance, please complete and return this application along with copies of the documents requested within the application.

Obstetrical patients may qualify for benefits through the State of Iowa. Please contact Financial Counseling if you are interested in obtaining information on these programs. Contact information can be found in Appendix A.

### Financial Assistance Application Instructions

#### Submit the following checked (☑) Items:

Please send copies, originals will not be returned. All information is needed from both the applicant and spouse within 30 days.

- ☑ Copy of your most recent paycheck stubs/vouchers.
- ☑ Copy of your most recent two months of Complete Bank Statements for all bank accounts, with all pages included (explanation for recurring deposits).
- ☑ Other Sources of Income; Social Security, Pension, Disability, Rental, Unemployment Benefit/Denial letter, Worker's Compensation, Child Support, Alimony, School Grants, Recent W2 for Seasonal Income
  1. If one or more of these apply to you, please include the most recent copy of award letter.
  2. If patient is a minor and you do not receive child support, please include second parent's most recent paycheck stub/voucher and current taxes including all schedules.
  3. If no income, complete Letter of Financial Support portion of the application.
- ☑ Complete copy of your previous year's signed Federal Tax Return including all schedules. If you have self-employment, rental, or farm income, please include Schedules C, E, and F. For self-employed/dependents, provide copy of your most recent three months of Profit and Loss Statements.
- ☑ Copy of pages three, four, and five of this document (the financial assistance application) with correct signatures.

MercyOne will provide a written response to the applicant within 30 business days upon receipt of a completed application and supporting information.

**Please contact Financial Counseling if you have questions on the application or regarding your application status. Contact information for Financial Counseling is in Appendix A along with mailing addresses.**

**APPENDIX A: Contact Information**

<b>Health Ministry</b>	<b>Mail the completed application and other papers to:</b>	<b>Phone Number</b>	<b>Fax Number</b>
Cedar Falls	MercyOne Attention: Financial Counselor 3421 West 9th Street, Waterloo, IA 50702	319-272-0044 or 1-800-728-0159	319-272-5757
Clinton	MercyOne Clinton Medical Center Attention: Financial Counselor 1410 N. 4th St., Clinton, IA 52732	563-244-5678	563-244-3523
Des Moines / West Des Moines	Patient Business Service Center 20555 Victor Pkwy, Livonia MI, 48152	734-343-3065	313-334-3271
Des Moines Clinic	MercyOne Medical Group 405 SW 5 <sup>th</sup> Street Ste E, Des Moines, IA, 50309	515-643-2519	515-358-7294
Dubuque	MercyOne Dubuque Medical Center Attention: Financial Counselor 250 Mercy Dr, Dubuque, IA 52001	563-589-8913 or 563-589-9066	563-589-9029
Dyersville	MercyOne Dubuque Medical Center Attention: Financial Counselor 250 Mercy Dr, Dubuque, IA 52001	563-589-8913 or 563-589-9066	563-589-9029
Newton	Patient Business Service Center 20555 Victor Pkwy, Livonia MI, 48152	734-343-3065	313-334-3271
New Hampton	MercyOne North Iowa Medical Center Patient Access Attention: Financial Counselor 1000 4th Street SW, Mason City, IA 50401	641-428-3029 or 641-428-7824	641-428-7886
North Iowa (Mason City)	MercyOne North Iowa Medical Center Patient Access Attention: Financial Counselor 1000 4th Street SW, Mason City, IA 50401	641-428-3029 or 641-428-7824	641-428-7886
Oelwein	MercyOne Attention: Financial Counselor 3421 West 9th Street, Waterloo, IA 50702	319-272-0044 or 1-800-728-0159	319-272-5757
Primghar	MercyOne Siouxland Attention: Financial Counselor PO Box 3168, Sioux City, IA 5110	712-957-2300	712-957-0030
Siouxland	MercyOne Siouxland Attention: Financial Counselor PO Box 3168, Sioux City, IA 5110	712-279-2323	712-279-2769
Waterloo	MercyOne Attention: Financial Counselor 3421 West 9th Street, Waterloo, IA 50702	319-272-0044 or 1-800-728-0159	319-272-5757



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**Please complete and sign application form and return within 10 days including copies of the following:**

Required Verifications

- Past One month Proof of Gross Income
- Past Two months Complete Bank Statements for all bank accounts, with all pages included (explanation for recurring deposits)
- Recent Tax Returns (1040 form with Schedule C, E or F) or Three Months Profit and Loss Statements (for self-employed/dependents)

Provide the following, If applicable

- Recent W2 for Seasonal Income     Unemployment Benefit/ Denial letter     Child Support Income/Alimony
- No Income – Complete Letter of Financial Support portion of the application

**Patient Information**

Patient Name	Date of Birth
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Social Security/EIN Number (optional)	Mobile Phone	Other Phone
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Mailing Address	City	State	ZIP code
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Email Address	Of what state are you a resident?
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Marital status    Single    Married    Divorced    Other \_\_\_\_\_

Do you file a Federal Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	Can you be claimed as dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Did you or your dependents have health insurance coverage at the time of service?  
 Yes    No (Provide Insurance card copy)

Are you a documented resident of the United States?  Yes    No    Prefer Not to Answer

Household Members, including yourself based on your recent Tax Returns	Date of Birth	Relationship to Patient	Claimed on Tax Return (Yes/No)



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**Income Verification for all household members**

Monthly Income Source	Who receives this?	Gross Monthly Income (before taxes)	Monthly Income Source	Who receives this?	Gross Monthly Income (before taxes)
Wages			Worker's Compensation		
Social Security/Disability			Unemployment		
Pension			Child Support/Alimony		
Self-Employment			Rental Land Income		
Public Assistance			Other		

**Letter of Financial Support - Should only be completed by the person providing support**

- I provide more than 50% support for the patient's living expenses, but I am unable to help with medical bills.
- By signing this letter, I verify that the above statement is correct and that I will in no way be held liable for the patient's bills. If you have questions, please contact me at \_\_\_\_\_ (Phone Number)

<b>Name of person providing support</b>	<b>Relationship to Patient</b>
<b>Signature of person providing support</b>	<b>Date</b>



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**VERIFICATION OF INCOME AND IDENTIFICATION**

I certify that the information listed in this application is true and complete to the best of my knowledge. I understand that the information provided is subject to verification. I will be responsible for repayment of any services provided at MercyOne affiliates if the above information is provided under false pretenses.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Or Signature of Legal Guardian (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_