

Aslan Health

FINANCIAL ASSISTANCE APPLICATION FORM

SECTION ONE: PATIENT INFORMATION

Account Number _____ Date of Service _____

Patient's Full Name _____

Residential Address _____
Street # and Name City State Zip County

Date of Birth ____/____/____ Marital Status: ☐ Single ☐ Married ☐ Divorced

Primary Phone Number (____) _____ E-Mail Address _____

Health Insurance at the time of service _____

SECTION TWO: INCOME INFORMATION

Provide below a listing of all sources of income for the last 12 months for yourself and your spouse

Income Source	Gross income for the last 12 months
Wages/Self-Employment/Social Security	
Unemployment or Worker's Compensation	
Child Support (only if you are the recipient)	
Rental Income, Pension, Dividends, Other	

SECTION THREE: FAMILY SIZE INFORMATION

Provide below a listing of all qualifying family members, including yourself/the patient at time of service

Name of Family Member	Age or Full Date of Birth	Relationship to Patient

I certify that the information submitted on this form is true and accurate to the best of my knowledge knowing that all information may be verified by the hospital. Further, I will make application and take any reasonably necessary actions for any assistance to acquire payment for my medical charges.

Responsible Party Signature _____ Date _____

Spouses Signature _____ Date _____
(required if married)

PATIENT FINANCIAL ASSISTANCE

Aslan Health's Financial Assistance Program was established to assist patients who do not have the ability to pay for services received. If a patient meets the guidelines, the total bill or a portion of the charges may be covered. To be considered for assistance, please fill out the reverse side and return with the requested information.

In order for Aslan Health to process your application, please follow the instructions below.

- Use gross income figures including spousal income if you are married.
- If you have **NO** insurance, you **MUST** apply for medical assistance through MNSURE before you can qualify. You **MUST** also attach a copy of any medical assistance denial with this form or a print screen of your denial from the MNSURE website or submit a letter from a navigator with a reason why you are not eligible.
- **Please provide proof of income. If you file taxes, you are required to provide your most recent 1040 Federal Tax Return (include the two pages showing your dependents and adjusted gross income) OR, if you do not file taxes, please provide your last four pay stubs. If you receive Social Security, please include your Social Security award letter. If you receive unemployment, please include your benefit determination letter showing your weekly benefits.**
- Please return the requested information in the envelope provided, or mail to Aslan Health 1400 W. St. Germain Street, Saint Cloud, MN 56301.
- If you qualify, we will notify you by mail within two weeks of receiving your application.

I hereby request that Aslan Health makes a written determination of my eligibility for patient financial assistance. I understand the information, which I submit concerning my annual income and family size, is subject to verification by Aslan Health. I also understand if the information which I submit is determined to be false, such a determination will result in a denial. Patient or guarantor will be liable for charges for services provided. The facility will provide financial assistance at no charge or at a specified charge less than the allowable credit for the services. All possible third-party payers must be explored and finalized before financial assistance status is determined. You must reside in the U.S. to be eligible for Aslan Health Financial Assistance.

If you have any questions, please contact:

Aslan Health, Patient Financial Services:

320-297-6800

English:

Aslan Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-320-428-5697

Somali:

Aslan Health waa mid u hogaansan xeerarka dawladda dhexe ee ilaalinta xuquuqda aadanaha mana ogola heyb sooc ku saleysan qowmiyadda, midabka, halka uu qofku ka soo jeedo asal ahaan, da'da, naafanimada ama jinsiga qofka. XUSUUSO: Haddii aad ku hadasho af Soomaali, adeegyo kaalmo oo dhanka luqadda, oo bilaash ah, ayaad helaysaa. Soo wac 320-428-5697

Spanish:

Aslan Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-320-428-5697

