

Application for Financial Assistance

By Mail:

Patient Financial Services
720 Washington Ave SE, Ste 200
Minneapolis, MN 55414

-OR-

By Fax:

612-676-6404

By Email:

communitycare@umphysicians.umn.edu

Please note: The address above is for mail only. There is no customer service on site. For questions, call Customer Service at 763-782-6507.

1. How can we reach you?

Name: _____

Phone numbers: _____ Email _____

Address: _____

City/State: _____ Zip Code: _____

2. How many family members are supported by the household income? _____.

Directions: List **every** family member supported by the household income (spouse, children under age 18, any legal dependents). Include them even if they are **not** applying for the financial help program. If you need more room, write on the back or attach a piece of paper. For security, black out (or white out) any Social Security and bank account numbers. We'll keep this information private.

Name of family member supported by the household income	Is this person applying for financial help?	Date of birth	Medical record number (if known)
1.			
2.			
3.			
4.			

3. Income, savings, and assets

Directions: Fill out the Totals below for each adult in your household, even if they are **not** applying for aid. Write NA next to any that don't apply. Attach the required documentation listed for each item.

Section 1

Directions: Attach your last 1040 Federal Income Tax form. Don't include W-2s. If you're self-employed, attach an income statement. If you don't have income, please explain.

Year-to-Date earnings (YTD) \$ _____

Earned Gross Income \$ _____

Section 2

Directions: Attach a statement that shows the balance of this account in the last 30 days.

Social Security Income	\$ _____
Unemployment Income	\$ _____
Child Support Income	\$ _____
County/Government Aid	\$ _____
Checking accounts	\$ _____
Savings accounts	\$ _____
Certificates of Deposit (CD)	\$ _____
Health savings accounts (HSA)	\$ _____
Annuities	\$ _____
Employee pension plan	\$ _____
401K plans	\$ _____
403b plans	\$ _____
IRAs	\$ _____
Other retirement accounts	\$ _____
Brokerage accounts (stocks, bonds, etc., that are separate or in addition to your retirement plan)	\$ _____

1. Letter (optional)

Directions: If you wish, you may attach a letter explaining recent events that might affect your ability to pay your medical bills. This is not required.

2. What programs have you already applied for?

Directions: Write the date next to the programs you've applied for and mark the outcome.

Medical assistance	_____	☐ Approved	☐ Denied
MNCare	_____	☐ Approved	☐ Denied
MNSure	_____	☐ Approved	☐ Denied

3. Signatures of all adults applying

Directions: All adults (age 18 and over) applying for the program must sign and date below. If your spouse is also applying, both of you must sign.

By signing below, I agree that the information above is true and correct to the best of my knowledge. If any details are false or incorrect, I understand that M Health Fairview may stop any discounts I receive.

Signature _____ Date _____

Signature _____ Date _____

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-612-884-0661 (TTY: 711) o hable con su proveedor.

አማርኛ (Amharic)

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-612-884-0661 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Afaan Oromoo (Oromo)

XIYEEFFANNOO: Tajaajilli gargaarsa afaanii bilisaan isiniif ni argama. Gargaarsi gargaaraa fi tajaajilli sirrii ta’ee fi odeeffannoo bifa dhaqqabamaa ta’een kennuunis bilisaan ni argama. 1-612-884-0661 (TTY: 711) bilbili ykn dhiyeessaa kee waliin haasa’i.

Lus Hmoob (Hmong)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus.

ភាសាខ្មែរ (Khmer)

សូមមកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ បសវាកម្មដ៏នួយភាសា ឥតគិតថ្លៃគឺមានសង្ហារម្មណ៍។ ជំនួយ និងបសវាកម្មខ្មែរជាភាសាផ្ទៃក្នុងសមរម័យ កន្លែងការផ្តល់ព័ត៌មានតាមទម្រង់ ខ្មែរអាចចូលប្រើប្រាស់សេវា ក៏អាចរកបាន បងាយឥតគិតថ្លៃផ្ទៃក្នុងខ្មែរ។ បោះទូរសព្ទទៅ 1-612-884-0661 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់បសវាកម្មសមរម័យ។

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-612-884-0661 (TTY: 711) o makipag-usap sa iyong provider.

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-612-884-0661 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ไทย (Thai)

หมายเหตุ: หากคุณใช้ ัภาษา ไทย เรามีบริการความช ่วยเหลืออด ัานภาษาฟรี นอกจากนี้ยังมีเครื่องมือและ ่ บริการช ่วยเหลือเพื่อให้ ัช ้อมูลในรูปแบบที่ ่ ่ เข ้าถึงได้ ัโดยไม่เสียค่าใช้จ่าย ัจ่ายโปรดโทรติดตอ 1-612-884-0661 (TTY: 711) หรือปรึกษาพ ู้ให้ ับริการของคุณ

Soomaali (Somali)

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-612-884-0661 (TTY: 711) ama la hadal bixiyahaaga.

ລາວ (Lao)

ເລື່ອງລາວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີ ບໍລິ ການຊ່ວຍດ້ານພາສາແບບບໍ່ ເສຍຄ່າໃຫ້ທ່ານ. ມີ ເຄ ື່ ອງຊ່ວຍ ແລະການບໍ ລິ ການແບບບໍ່ ເສຍຄ່າທີ່ ເໝາະສ ມເພ ື່ ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ ສາມາດເຂ ົ້າເຖິ ງໄດ້. ໂທຫາເບີ1-612-884-0661 (TTY: 711) ຫ ລ ມກ້ ບຜູ້ ໃຫ້ບໍ ລິ ການຂອງທ່ານ.

Kiswahili (Swahili)

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-612-884-0661 (TTY: 711) au zungumza na mtoa huduma wako.

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-612-884-0661 (TTY: 711) или обратитесь к своему поставщику услу

中文 (Chinese)

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-612-884-0661（文本电话：711）或咨询您的服务提供商。

တႆးလိၤဖၢၤ (Karen)

ဆု- နမူကတိၤ တႆးလိၤဖၢၤ အသိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲၤတၢ် လၢတလၢ် ဘျၢ်လၢ်စ့ၤလၢနဂီၢ်လိၤ. တၢ်အိၣ်ဒီး တၢ်မၤတၢ်န့ၢ်ဟူၣ်ပီးလိၤဒီး တၢ်မၤတၢ်တၢ်မၤ လၢအ ကြးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျၢ်လၢ်စ့ၤ လၢနဂီၢ်လိၤ. ကိး 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပုၤလၢဟ့ၣ် နတၢ်ကွၢ်ထွဲၤတၢ်တက့ၢ်.

العربي (Arabic)

اتصل على كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: أو تحدث إلى مقدم الخدمة(1-612-884-0661 (TTY: 711)-الرقم