

Date\_\_\_\_\_

Dear

As your partner in healthcare, Aspirus is committed to providing quality healthcare. For patients in certain financial situations, we have a program called Aspirus Financial Aid.

**Aspirus Financial Aid is a financial assistance program. It is not a health insurance plan.** Assistance may be available for up to 12 months from approval unless your financial situation changes. You may be responsible for part of your bill, and you will need to arrange a payment plan for any non-covered part of your bill. Aspirus Financial Aid may not cover charges for all of your doctors that treated you while you were at Aspirus, such as your Radiologist, Pathologist, or Anesthesiologist.

To apply for Aspirus Financial Aid, please provide all of the requested information as it applies to you and your situation. **Please use the checklist on the back of this letter as a guide.**

When applying for assistance at an NHSC facility, patients are not required to provide asset information. Asset information on the checklist and application is represented with an asterisk (\*). Applying for Medicaid is encouraged for services received at NHSC locations.

If you have any questions, please call us at (715) 847-2137 or (800) 283-2881 ext. 72137 or email us at [financialaid@aspirus.org](mailto:financialaid@aspirus.org). You will receive a letter regarding the outcome of your application, including information about your approval or denial.

- ☐ Completed Aspirus Financial Disclosure application. Please make sure this is **signed and dated** on the back. **Return the application within 10 days.**
- ☐ To be considered for Aspirus Financial Aid, you **must** apply for Medical Assistance. You will need to provide the approval or denial that you receive.\*
- ☐ **Wisconsin Residents** - You may apply for Medical Assistance by contacting your county's Social Services Department or apply online at [www.access.wisconsin.gov](http://www.access.wisconsin.gov).\*
- ☐ **Michigan Residents** - To apply for the Healthy Michigan Plan online, go to [www.mibridges.michigan.gov](http://www.mibridges.michigan.gov). You may also apply by phone by calling 1-855-789-5610 or in person at your local Department of Human Services office.\*
- ☐ **Minnesota Residents** - To apply for Medical Assistance online, go to [mn.gov/dhs](http://mn.gov/dhs) or contact your local Health and Human Services Department. If you need assistance call DHS support at 800-657-3672.\*
- ☐ Copy of last year's Federal tax return, including all schedules and attachments.
- ☐ Copy of your Social Security Benefit letter, pension, VA benefits, etc. If your check is direct deposit, your bank statements will be sufficient.
- ☐ Bank statements showing all deposits and withdrawals from all bank accounts (including HSA, Savings, Flex-spending, etc.). Please provide the last 3 months of statement.\*
- ☐ Your most recent pay stub from your current job and/or your last pay stub from all jobs held this year, showing year to date income.
- ☐ Proof of unemployment income.
- ☐ If you are self-employed, you must provide year to date income information. This includes all income that you have received and all expenses you have paid from the beginning of this year until the current date.
- ☐ If you own property that you rent to others, you must include a copy of your rental or lease agreement.
- ☐ If you are receiving or paying child support and/or alimony, you must provide documentation of how much you are receiving or paying and at what frequency.
- ☐ If you are legally separated, you must provide documentation for verification. If you are not legally separated you must include all of your spouse's information, including income and assets.\*
- ☐ If you have no source of income, are living rent-free with someone, or are receiving any other financial help with daily expenses from any person(s), you must provide a letter of support from that person(s) that explains how they are helping you.
- ☐ Copy of all financial aid/scholarship or grant award letters for those applying for assistance.
- ☐ The last monthly/quarterly statement for all retirement accounts in your name and/or your spouses name. This includes 401k/403b accounts, IRA's, annuities, stocks or bonds.\*
- ☐ Statement showing cash value of life insurance for those applying for assistance.\*
- ☐ If you own your own home and/or any other property, you must provide your most recent property tax bill(s).\*
- ☐ If you own your home and/or any other property and have a mortgage, you must provide a copy of your most recent mortgage statement showing the current balance.\*

**If any information that pertains to you is missing, we will not be able to process your application.**



# ASPIRUS FINANCIAL ASSISTANCE APPLICATION

FOR OFFICE USE ONLY

333 Pine Ridge Boulevard, Wausau, WI 54401  
P 715.847.2137 | F 715.847.2367 | aspirus.org

Patient / Responsible Party				
Name (First, Middle, Last)		Social Security Number	Birth Date (MM/DD/YYYY)	
Street Address		City	State	Zip Code
Phone Number		Household Size (Patient, Spouse, Dependents)		
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired		Employer Name, Address and Phone Number		
Hire Date (MM/DD/YYYY)	Position	How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	Are you claimed on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployed (MM/DD/YYYY) From:                      To:		Average Gross Monthly Income \$	Monthly SSI / SSDI \$	
Spouse (If Applicable)				
Name (First, Middle, Last)		Social Security Number	Birth Date (MM/DD/YYYY)	Phone Number
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired		Employer Name, Address and Phone Number		
Hire Date (MM/DD/YYYY)	Position	How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	Are you claimed on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployed (MM/DD/YYYY) From:                      To:		Average Gross Monthly Income \$	Monthly SSI / SSDI \$	
Other Monthly Income (Please attach copies of your documents to support this income)				
Other Wages \$	Disability Income \$	Unemployment \$	Interest/Dividends \$	Pension \$
Veteran's Benefits \$	Scholarship / Grants \$	Rental Income \$	Alimony / Child Support \$	Workers Comp \$
Household Dependents				
Name	Date of Birth	Relationship	Claimed as Dependent on last tax return	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**General****Do you have Health Insurance?**☐ Yes - If yes, please provide information below and a copy of insurance card ☐ No

Insurance Company Name and Address

Policy Number

Have you applied for federal or state Medical Assistance?

☐ Yes ☐ Not a U.S. citizen

Did you file Federal Income Taxes?

☐ Yes - Please send the current Federal Income tax returns and supporting schedules  
(Include all 1040 schedules including schedule C, K and E if you are self-employed)  
☐ No - Please explain why:Do you own or rent your place of residence? ☐ Own ☐ Rent ☐ Live with someone (include letter of support)**Please include a copy of your property taxes showing fair market value for all properties owned as well as a current copy of your mortgage.****Primary Expenses**

Type	Monthly Payment	Estimated Value	Unpaid Balance
Rental Payment	\$	\$	\$
Primary Home	\$	\$	\$
2nd Mortgage	\$	\$	\$
Secondary / Vacation Home / Land	\$	\$	\$

☐ None – Please explain why you have no rent or mortgage**Assets**

Checking Balance	\$	Savings Balance	\$
Stocks / Bonds	\$	CD / Share Certificates	\$
401K	\$	IRA	\$
403b	\$	Other HSA/FSA	\$
Life Insurance Cash Value	\$		

**CERTIFICATION:** I understand if I knowingly omit information or provide fraudulent information on the application, I will be ineligible for financial assistance and the financial assistance granted to me may be reversed and I will be responsible for the medical expenses. I give Aspirus permission to share information contained in this application with other affiliated Aspirus entities or partners if so requested. I certify that all information is true to the best of my knowledge and give Aspirus permission to verify the above information and run a credit report.

**SIGNATURE REQUIRED IN ORDER FOR APPLICATION TO BE PROCESSED**

Patient / Responsible Party Signature

Date

Spouse (If Applicable)

Date