333 Pine Ridge Blvd Wausau, WI 54401 715.847.2137 FX 715.847.2367 aspirus.org

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. 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.*
- ☐ **Michigan Residents** - To apply for the Healthy Michigan Plan online, go to 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 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 HEALTH

Financial Disclosure APPLICATION

FOR OFFICE USE ONLY

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

Name:_____ Age_____
Date of Birth _____
Address: _____

_____

Phone No._____ Work No._____
Social Security #*_____

Spouse Information if Applicable:

Name: _____ Age_____
Date of Birth _____
Address: _____

_____

Social Security #*_____

Marital Status (circle one):* Single Married Widowed Legally Separated Divorced

Is anyone in your household currently pregnant? Yes No

If you have more than 4 dependents, please attach a separate sheet with the information.

Dependent's Name(s)	Age	Relationship	Date of Birth
1.			
2.			
3.			
4.			

A copy of the Medical Assistance approval or denial letter should be provided for all family members listed on this application unless they are currently covered by Medical Assistance. See checklist for where to apply.*

Employer: _____
Part Time: _____ Full Time: _____
Business Phone: _____
Gross Earnings: _____
Hr_____ Wk._____ Mo._____

Employer: _____
Part Time: _____ Full Time: _____
Business Phone: _____
Gross Earnings: _____
Hr_____ Wk._____ Mo._____

If unemployed, list date of unemployment: _____

Did you file federal income taxes last year? Yes No If yes, please include a complete copy.

Do you have any income or balance from any of the items below? (Circle YES or NO)

Please provide verification of dollar amounts listed.

Social Security	Yes	No	$_____	Tuition Grant	Yes	No	$_____
Veterans Benefits	Yes	No	$_____	Rental Property	Yes	No	$_____
Workers Compensation	Yes	No	$_____	Checking Account*	Yes	No	$_____
Unemployment	Yes	No	$_____	Savings Account/Money Market*	Yes	No	$_____
Interest/Dividends	Yes	No	$_____	Stocks/Bonds/Annuities*	Yes	No	$_____
Alimony or Support	Yes	No	$_____	401k/403b*	Yes	No	$_____
Pension Distribution	Yes	No	$_____	Other Savings*	Yes	No	$_____
Health Savings Account/Flex	Yes	No	$_____	Certificate of Deposit*	Yes	No	$_____
Scholarship	Yes	No	$_____	IRA/Roth IRA*	Yes	No	$_____

Name of Banks: 1. _____ 2. _____
Address: _____ _____

Do you own or rent your place of residence? Own _____ Rent _____

ASSETS/PROPERTY *	Asset	Value	Lien Holder	Loan Balance	Monthly Payment
Motor Vehicles and Other Assets Cars, Trucks, Vans, Boats, Motorcycles, ATVs, Snowmobiles, Trailers, Motor Homes, etc. (Attach a separate sheet if you own more than four)	Year/Make /Model	$		$	$
	Year/Make /Model	$		$	$
	Year/Make /Model	$		$	$
	Year/Make /Model	$		$	$
Primary Residence	Address	Market Value $		$	$
Secondary Residence	Address	Market Value $		$	$
Other Property	Address	Market Value $		$	$

Monthly Expenses					
Rent/Mortgage $	Water & Sewer $	Child Care $	Transportation Costs $	Property Insurance $	Property Taxes $
Phone $	Heat $	Child Support/Alimony $	Medications $	Auto Insurance $	Other Specify $
Electric $	Cable TV / Satellite $	Food $	Health Insurance $	Life Insurance $	**Life Insurance* Cash Value** *(provide proof)* $

Other Debts: For example: Loans, medical bills, delinquent taxes, tax liens, judgements, credit cards.			
CREDITOR NAME	ADDRESS	BALANCE	PAYMENT
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		Monthly Total	**$**
		Grand Total / Monthly Bills, Other Expenses, & Monthly Expenses	**$**

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.

If you have any additional comments about your current financial situation, please explain on a separate sheet.

***Omitting information or providing fraudulent information will be cause for permanent denial.**

Signature: _____ **Date:** _____