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Description automatically generated

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all household members, including those under age 18.

|  |  |  |
| --- | --- | --- |
| Applicant / Dependents | Name | Date of Birth |
| Self |  |  |
| Other |  |  |
| Other |  |  |
| Other |  |  |
| Other |  |  |
| Other |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Income Sources | Self | Household Members | Total |
| Gross wages, salaries, tips, etc. |  |  |  |
| Income from business and self-employment |  |  |  |
| Unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, Veterans’ payments, survivor benefits, pension, or retirement income |  |  |  |
| Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources |  |  |  |
| Total Income |  |  |  |

**By signing below, I certify that the family size and income information shown above is correct.**

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description automatically generated

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear:

As your partner in healthcare, Aspirus Health 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 the three most recent pay stubs for you and household dependents and the prior year’s tax return.

This application is exclusive to services billed by Aspirus Rhinelander Clinic Behavioral Health Outpatient Services, Aspirus Iron River, Aspirus Ironwood, Aspirus Keweenaw or Aspirus Ontonagon. If you received services that are billed through any other Aspirus location, you may submit a separate application and supporting documentation as required.

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.