Vernon Memorial Healthcare, Inc.

FINANCIAL ASSISTANCE APPLICATION

PERSONAL INFORMATION

Today's Date:		Guarantor Number:
HEAD OF HOUSEHOLD PERSONAL INFORMATION:		**SPOUSE PERSONAL INFORMATION: (IF APPLICABLE)**
First Name:		
Middle Initial:		
Last Name:		
Date of Birth:		
Street Address, City, State ZIP Code:		
Employer Name and Address:		
☐ Full-Time		☐ Full-Time
☐ Part-Time		☐ Part-Time
☐ Self-Employed ☐ Unemployed ☐ Student ☐ Retired		☐ Self-Employed ☐ Unemployed ☐ Student ☐ Retired

DEPENDENTS (IF MORE THAN 6 DEPENDENTS, USE SEPARATE PAGE)

Full Name:	Relationship:	Birth Date:

CHECK ALL BOXES BELOW THAT APPLY:

I have applied for or will apply for federal or state medical assistance?

☐ Yes ☐ No-explain reason:

☐ Medicaid eligible, but not for date of service or for non-covered services

☐ I have health insurance, but not for date of service or the service was not covered or applied to deductible

☐ Deceased with no estate

☐ Religious Exemption (Federal Exemption for the Affordable Care Act)

PROVIDE ALL SUPPORTING DOCUMENTATION FOR THE ITEMS BELOW:	
☐ Current Federal Tax Return	☐ Letter describing your financial situation
☐ Checking and Savings bank statements (include last 3 months)	☐ Pay Stubs (include last 2)
☐ Do you have health insurance? **Y N** If no, we recommend you apply for Wisconsin Medical Assistance (Medicaid) approval unless you qualify for a religious exemption. Questions can be directed to the contact at the bottom of the application.	

OTHER MONTHLY INCOME/BALANCES

Adjusted Gross Income: $	Rental Income: $	Short/Long Term Disability: $	Social Security/SSI: $
Pension: $	Workers Comp: $	Alimony/Child Support: $	Other: $
Veterans Benefits: $	Interest/Dividends $	Checking Balance: $	Savings Balance: $

CERTIFICATION

I certify that the information listed in this application is true and correct. Any false information presented on this application may result in a declined financial assistance determination.

Patient/Responsible Party Signature:	**Date:**

Applications and supporting documentation can be dropped off at Vernon Memorial Hospital at the main lobby registration desk, or mailed to:

Vernon Memorial Healthcare-Patient Accounts
507 S. Main Street
Viroqua, WI 54665

Please call (608) 637-2101 with any questions.