



REGIONAL HEALTH

Patient Financial Services

PO Box 3450 Rapid City, SD 57709

FINANCIAL ASSISTANCE APPLICATION

Form for responsible person details: LAST NAME OF RESPONSIBLE PERSON (print), FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, HOME PHONE NUMBER, AGE, STREET ADDRESS, CITY, STATE, ZIP CODE, EMPLOYER, WORK PHONE NUMBER, MONTHLY GROSS INCOME.

Form for spouse/significant other details: LAST NAME OF SPOUSE / SIGNIFICANT OTHER (print), FIRST NAME, SOCIAL SECURITY NUMBER, HOME PHONE NUMBER, AGE, EMPLOYER, WORK PHONE NUMBER, MONTHLY GROSS INCOME.

Form for income and family information: RESPONSIBLE PERSON'S OTHER INCOME, SPOUSE/SIGNIFICANT OTHER INCOME, ANNUAL GROSS HOUSEHOLD INCOME, NUMBER OF CHILDREN IN FAMILY, TOTAL NUMBER IN FAMILY, AGES OF DEPENDENT CHILDREN.

Have you applied for Medicaid and/or County Assistance?..... Yes No

A copy of the following information must be included with your application. Proof of income required.

- Federal Tax Return (most recent)—If claimed as dependent by someone else, must provide claimants most recent tax return.
■ 3 Months Current Pay Stubs—must include Responsible Person and Spouse / Significant Other

Other Income Source—attach supporting documents

- Alimony, Food Stamps/Housing, Railroad Retirement, VA Assistance, Child Support, Life Insurance, Social Security Insurance, Worker's Compensation, Disability, Pension, Unemployment, Other—list: _____

Assets, Liabilities, Expenses table with fields for Cash on Hand, Bank Loans, House Payment/Rent, Retirement Funds, Credit Card Totals, Telephone, Cable TV, Medical Bills, Prescription Drugs, Insurance, Groceries, Child Care / Child Support, Other, Total Assets, Total Liabilities, Total Monthly Expenses, Net Worth.

I acknowledge the information given to Regional Health is true and correct to the best of my knowledge. I authorize Regional Health to verify any or all the information given and to obtain a consumer credit report to be obtained as necessary.

If you have questions, call Patient Financial Services at (605) 719-7840, Monday – Friday, 8:00 a.m. – 4:30 p.m.

Responsible Person/Spouse/Significant Other Signature: _____ Date: _____