

CONFIDENTIAL

**Avera  
Financial Assistance Application &  
Patient Financial Information**

Account #[f pt acct number]

This form is to provide information to assist you in satisfying your financial obligation to Avera \_\_\_\_\_.

Applicant Name \_\_\_\_\_ Marital Status: S M D W Sep Other \_\_\_\_\_  
 Current Address \_\_\_\_\_ Spouse or Significant Other Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_  
 Renting \_\_\_\_\_ Buying \_\_\_\_\_ Years lived at \_\_\_\_\_ Spouse Phone # \_\_\_\_\_  
 Applicant Social Security # \_\_\_\_\_  
 Applicant Birth Date \_\_\_\_\_

Please list dependents: (attach separate sheet if necessary)

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Applicant Employer \_\_\_\_\_ Spouse or Sig. Other Employer \_\_\_\_\_  
 Position \_\_\_\_\_ Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Have you applied for or do you have Medicaid coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

Are you currently a student? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under the age of 26 does your parent's employer offer healthcare coverage for you?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicants should apply for Medicaid and any other potential financial assistance programs before completing this application for Financial Assistance. If you are a resident of South Dakota, you must also apply for County Poor Relief before applying for Financial Assistance. If you have any questions regarding financial assistance or information required on this application, please contact a Financial Counselor at Avera (605) 322-6470.**

**Please return with most recent copies of your W-2, tax return, pay stubs and bank statements.**

By submitting this assistance application, I understand that the Avera organization receiving this application may share it and related documentation with other Avera organizations that are involved with my treatment or may have provided separate treatment

	Applicant	Spouse/Other Household Members	Monthly Household Expenses	Applicant/Spouse/Other Household Members
Monthly Household Income				
<b>Employment (Gross/Net Pay)</b>	\$ _____	\$ _____	<b>Rent/Mortgage</b>	\$ _____
<b>Social Security/Disability Retirement/Veteran Pension (all sources)</b>	\$ _____	\$ _____	<b>Food</b>	\$ _____
	\$ _____	\$ _____	<b>Car Payments</b>	\$ _____
<b>Unemployment Comp.</b>	\$ _____	\$ _____	<b>Child Care</b>	\$ _____
<b>ADC/WIC/Food Stamps</b>	\$ _____	\$ _____	<b>Transportation/car expense</b>	\$ _____
<b>Alimony/Child Support</b>	\$ _____	\$ _____	<b>Medical/Dental*</b>	\$ _____
<b>Investment/Interest Income</b>	\$ _____	\$ _____	<b>Insurance (car, medical, etc..)</b>	\$ _____
<b>Other (List _____)</b>	\$ _____	\$ _____	<b>Credit Card (_____)</b>	\$ _____
Total Monthly Income	\$ _____	\$ _____	<b>Collection Agencies</b>	\$ _____
Net Monthly Income	\$ _____	\$ _____	<b>Clothing</b>	\$ _____
Total Income last 12 months	\$ _____	\$ _____	<b>Other (List _____)</b>	\$ _____
Copy of Tax Return and last 2 months pay stubs are required.			<b>Total Monthly Expenses</b>	\$ _____

ASSETS (Current market value)

<b>Cash on hand/Bank/Savings</b>	\$ _____
<b>Investments/CD's (Market value)</b>	\$ _____
<b>Loan/Cash value of Life Insurance</b>	\$ _____
<b>Residence: sq. ft. total _____</b>	
<b>Purchase Price</b>	\$ _____
<b>Estimated Value Now</b>	\$ _____
<b>Primary Vehicle: Year/Model _____</b>	\$ _____
<b>Other Vehicle: Year/Model _____</b>	\$ _____
<b>Farm Real Estate: # of acres _____</b>	\$ _____
<b>Farm Equipment</b>	\$ _____
<b>Livestock</b>	\$ _____
<b>Rental Property</b>	\$ _____
<b>Business</b>	\$ _____
<b>Other _____</b>	\$ _____
<b>Total Assets</b>	\$ _____

LIABILITIES

<b>Medical Bill*</b> _____	\$ _____
<b>Medical Bill *</b> _____	\$ _____
<b>Medical Bill *</b> _____	\$ _____
<b>Credit Card(s)</b>	\$ _____
<b>Loan on furniture &amp; Appliances</b>	\$ _____
<b>Home Loan (current balance)</b>	\$ _____
<b>Vehicle Loan (current balance)</b>	\$ _____
<b>Real Estate Loan (current balance)</b>	\$ _____
<b>Amount owed on farm equip.</b>	\$ _____
<b>Amount owed on livestock</b>	\$ _____
<b>Loan on Rental Property</b>	\$ _____
<b>Loan on Business</b>	\$ _____
<b>Amount owed on other Amt owed to Collection Agency</b>	\$ _____
<b>Total Liabilities</b>	\$ _____

\* Out-of Pocket Expense or Liability only (net of any insurance, discounts, third party liability, or any other potential claim)

Were you offered health insurance from your employer?  Yes  No  
 Were you denied health insurance by your employer?  Yes  No  
 Have you applied for health insurance through the health insurance exchange program?  Yes  No  
 Are you eligible for COBRA benefits?  Yes  No

I hereby acknowledge that the information given to Avera is true and correct. I authorize Avera to verify any of the information given by me. I will provide documentation of this information upon request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**INTERNAL USE ONLY**

Points \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Denied By: \_\_\_\_\_