

# Financial Assistance Application

UW Health - Financial Assistance 877-278-6437  
 PO Box 620993  
 Middleton, WI 53562

Applicant Name <i>(First, Middle, Last)</i>	Date	Medical Record # (If Known)
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**To apply for Financial Assistance, please include all the following items, as applicable. This info will not be shared outside of UW Health:**

- This Application, signed and dated
- Federal tax returns and supporting schedules (last years)
- Pay stubs or other income verification (last months)
- Benefit award letters (pension, unemployment, SSI, SSDI)
- Last 2 months full bank statements (or indicate you don't have bank accounts)
- (If no income) Letter explaining how you are meeting your daily living expenses

**From which organizations are you applying for financial assistance?**     UW HEALTH - WI & IL Facilities     MERITER

Does the patient currently have insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Coverage: _____		
If not, has the patient applied for coverage through the Marketplace (Healthcare.gov)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient participate in a Health Sharing Ministry Product?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient elect to not participate in a government funded insurance program for religious/cultural reasons?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the patient/financially responsible party file taxes last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, why? _____		

## Patient/Financially Responsible Party

Name <i>(First, Middle, Last)</i>		Relationship to Patient		Birth Date <i>(Month DD, YYYY)</i>	
Address			City		State
Phone			Household Size (Patient, Spouse and Dependents)		Marital Status
Employment Status				If unemployed, last day/month & year worked	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed					
Employer			Weekly Income		Employment Date <i>(Month DD, YYYY)</i>
			Hrs/Week:		
			Pay(\$)/Hour:		

## Spouse/Partner

Name <i>(First, Middle, Last)</i>		Birth Date (Month DD, YYYY)		Phone	
Address			City		State
Employment Status			If unemployed, last day/month & year worked		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed					
Employer			Weekly Income		Employment Date <i>(Month DD, YYYY)</i>
			Hrs/Week:		
			Pay(\$)/Hour:		

## Dependents

Full Name	Relationship	Birth Date <i>(Month DD, YYYY)</i>
1.		
2.		
3.		
4.		

