Financial Assistance

Perham Health is dedicated to providing quality health care to our patients. We realize that payment of those services may be a financial hardship for you at this time. Therefore, we are offering you the opportunity to apply for financial assistance.

Enclosed with this letter, you will find a worksheet/application that demonstrates your financial condition. You must complete this document in full to receive consideration for our financial assistance program. If your financial situation meets the criteria set forth by Perham Health, part or all of your account balance may be forgiven.

To process this application we require:

- **Copy of your most recent 1040 tax return, including all applicable schedules OR proof of non-filing from the IRS.**
  AND ONE OF THE FOLLOWING
- **Copy of the last two pay stubs for any wage earner contributing to household income.**
- **Social Security awards letter or most recent 1099 if receiving Social Security. If you are receiving Social Security as well as have other income, please provide proof of additional income.**

We realize that your income from previous tax records may not adequately reflect your current circumstances. If so, please attach a brief note that describes your current financial situation.

Once we have reviewed your application, we will notify you of our decision in writing within 30 days of receipt. If you wish to discuss your account or have questions, please contact us at (218) 347-4500. Our business hours are Monday through Friday, 8:00 AM to 4:30 PM.

To Minnesota residents: If you feel that your concerns have not been addressed, please contact Perham Health's Patient Financial Services at (218) 347-4500 first and allow us the opportunity to try and address your concerns. If you continue to have concerns that have not been addressed, you may contact the Minnesota Attorney General's Office at (651) 296-3353 or (800) 657-9787.

Please respond to this request for information within 30 days and return to our office by:

- **SECURE FAX:** (218) 347-1656 or
- **MAIL:** Perham Health, Route 3716, 1000 Coney Street W, Perham, MN 56573

Thank you for your business.

Perham Health

Perham Health
SANFORD

Financial Assistance

Return application to:

Perham Health
Route 3716
1000 Coney Street W
Perham, MN 56573

Demographics	Name	Date of Birth	Spouse	Date of Birth		
	Address		City	State	Zip	
	County	Cell Phone (Self)	Home Phone Number	Cell Phone (Spouse)		
Dependents	Please list all dependents living in your household					
	Name	Date of Birth	Name	Date of Birth		
	Name	Date of Birth	Name	Date of Birth		

	Self	Monthly Gross Income	Spouse
Source of Income	$	Gross Income/Unemployment/Work Comp	$
	$	Social Security/SSI/SSDI	$
	$	Self- Employment/ Rental Income/Royalties/Estates/Trusts	$
	$	Retirement/Pension/Annuities/ Veteran's Benefits	$
	$	Child Support/Spousal Support/ Public Assistance	$
	$	Miscellaneous/Other Income	$
	$	Total Income (Please provide proof of all income)	$

Assignment of Rights (Please Read carefully)

By signing below, I certify that the information and statements contained in this Application for Financial Assistance and documentation which I submit are accurate, true, and correct to the best of my knowledge. I understand that Perham Health may make reasonable requests for additional information and verification if necessary. I understand that the information and statements I have provided will be kept confidential by Perham Health. I understand that the completion of this application will allow Perham Health to consider my circumstances. I understand that Perham Health makes no representation that financial assistance is guaranteed.

Signature _____ Date _____ Signature (Spouse) _____ Date _____