

Financial Assistance Application

PATIENT INFORMATION

Last Name:	First Name:	Birth Date: / /	Number of People in Household:
Marital Status (circle one) Single Married Divorce Separated Widowed	Applicant's Employment Info (circle one) : Employed Homemaker Student Unemployed Retired		Spouse's Employment Info (Circle One) : Employed Homemaker Student Unemployed Retired

BANK INFORMATION / OTHER ASSETS

Financial Institution Name (if applicable)	Type of Asset (Home, Auto, Property, 401(k), CD, etc)	Account Balance / Asset Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

INCOME INFORMATION
If you are 18 years or older and can be counted as a dependent on your parents' income tax returns, please include your parents' income here

Monthly Income		Monthly Expenses	
Wages (Self)	\$	Out of pocket Medical Expenses	\$
Wages (Spouse)	\$	Cable/Satellite TV/Internet	\$
Workers Comp / Disability	\$	Phone (cell and land line)	\$
Pension / Military Allotments	\$	Energy	\$
Alimony / Child Support	\$	Other Utilities	\$
Rental	\$	Insurance Premiums	\$
Social Security Benefits	\$	Alimony/Child Support	\$
Other (Please Specify)	\$	Rent/Mortgage	\$
	\$	Food	\$
	\$	Clothing/misc.	\$
Total Income	\$	Total Expenses	\$

Have you applied for health care coverage through a state or federal program? (i.e. Medical Assistance, Minnesota Care, etc)

Yes If yes, please include a copy of your determination letter with this application

No If no, why not? _____

PLEASE RETURN COPIES OF THE FOLLOWING WITH THIS APPLICATION:

- | | |
|--|--|
| <input type="checkbox"/> Most recent tax return for you and your spouse* | <input type="checkbox"/> Proof of rent or mortgage
(if not explicitly identified in bank statement) |
| <input type="checkbox"/> Most recent bank statement(s) for you and your spouse* | <input type="checkbox"/> State or federal health care program determination letter |
| <input type="checkbox"/> pay stubs for you and your spouse* from the past 2 months | |

***If you are 18 years or older and can be counted as a dependent on your parents' income tax returns, please submit your parents' tax return(s), pay stubs and bank statements**

I, the undersigned, certify that the information provided has been carefully completed, is true and correct to the best of my knowledge, and that there are no omissions. I understand that further documentation may be requested from me and that completion of this form does not guarantee any adjustments on my accounts.

Patient/Guardian Signature: _____ **Date:** _____

Print Name and Relation to patient (if not self): _____

NEUROSURGICAL ASSOCIATES, LTD

HARDSHIP PROGRAM APPLICATION

Hardship Program Application instructions

1. Complete the financial application and sign it.
2. Attach your most recent federal tax return and your most recent paycheck stub.
3. If you have applied for a government program, please attach your approval or denial letter.
4. If you receive any government benefits (for example, Social Security, unemployment or disability), please attach your benefit letter.
5. Unless you are legally separated from your spouse, you must include both spouses' incomes. Proof of legal separation is required.

How do I qualify for the hardship program?

If you feel your income is not sufficient to pay for your services with Neurosurgical Associates, Ltd, you may qualify for our hardship program, which is based on your income, assets and family size. Proof of income is necessary to qualify for this program.

You must first apply for Medicaid programs prior to any hardship assistance. Medicaid programs can take up to 45 days for approval.

How long does the approval process take?

Once your application is received, it may take up to 14 days to review your application. Applications that are incomplete or missing required documentation will not be reviewed.

Whose income must be included on the application for financial assistance?

If you are married, both spouses' incomes must be included on the application. If you are over age 18 and can be counted as a dependent on your parents' income tax returns, both parents' incomes must be included.

Can I apply for a hardship discount if I have insurance?

Yes. Any discount you qualify for under the program will be made after we receive payment from your insurance company.

What if I already made payments on my account?

Discounts will be made only on any remaining balance. Refunds for prior payments will not be made.

What services qualify for a discount?

Any services performed by our neurosurgeons, nurse practitioners, physician assistants, clinical nurse specialist and neurosurgical trained registered nurses.

Services provided by facilities or ancillary services (e.g. hospital charges, x-rays, labs) are not included in our program. The hardship discount only applies to balances billed directly through Neurosurgical Associates, Ltd.

Mail the completed and signed application to:

Neurosurgical Associates, Ltd
Attn: Nicole Lucas
P.O. Box 7622
Minneapolis, MN 55407