SPECTRUM HEALTH

CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

I understand that the information submitted concerning my annual income, family size and assets, is subject to verification by Spectrum Health. I also understand that if the information submitted is determined to be false, this will result in a denial of this application and the account balance due will remain my responsibility.

If you have questions or need assistance completing this application, please contact us by phone at 844-838-3115 or email at financialcounseling@spectrumhealth.org.

SECTION ONE: PATIENT INFORMATION (Please print)

Account Number	Date(s) of Service	Social Security Number	
Name (Last, First, Middle Initial)		Date of Birth	
Address	City	State	Zip
Home Phone ( )	Cell Phone ( )	Other Phone ( )	County
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Other _____	Are you a documented resident of the United States? ☐ Yes ☐ No	Did you have health insurance or any other coverage at the time of your service? ☐ Yes ☐ No	
Do you file a Federal Tax Return? ☐ Yes ☐ No If no, why? _____	Who is the primary filer? ☐ Self ☐ Spouse ☐ Other: _____	Does anyone in the home receive public assistance? ☐ Cash ☐ Food ☐ Other: _____	

SECTION TWO: HOUSEHOLD INFORMATION (List all people who live in your household)

Name of Household Member	Date of Birth	Relationship to Patient	Is this person listed on your Federal Tax Return?	Name of Household Member	Date of Birth	Relationship to Patient	Is this person listed on your Federal Tax Return?
1.			☐ Yes ☐ No	4.			☐ Yes ☐ No
2.			☐ Yes ☐ No	5.			☐ Yes ☐ No
3.			☐ Yes ☐ No	6.			☐ Yes ☐ No

Any additional household members can be submitted on additional paper.

SECTION THREE: EXPENSES (List monthly expenses for all household members) THIS SECTION IS NOT REQUIRED FOR NHSC OR MSLRP CLINICS

House Payment	Car Payment	Heat	Cell Phone
Property Taxes (Year)	Car Insurance	Electric	Groceries
Rent/Lot Rent	Fuel (vehicle)	Phone	Tuition
House/Rental Insurance	Childcare/Child Support	Water/Sewer/Trash Removal	Other: _____
Health Insurance/Expenses	Life Insurance	Cable/Dish/Internet	Other: _____

SECTION FOUR: INCOME (List income for all household members)					
Income Source	**What household member receives this income?**	**Current Monthly Gross Income Amount**	**Monthly Income Source**	**What household member receives this income?**	**Current Monthly Gross Income Amount**
Wages			**Wages**		
Self-Employment			**Self-Employment**		
Child Support/Alimony			**Child Support/Alimony**		
Social Security			**Social Security**		
Investments/Interest			**Investments/Interest**		
Pension/Dividends			**Pension/Dividends**		
Tips/Commission			**Tips/Commission**		
Rental Income			**Rental Income**		
Tribal Income			**Tribal Income**		
Unemployment			**Unemployment**		
Worker's Compensation			**Worker's Compensation**		
Other: _____			**Other: _____**		
SECTION FIVE: HOUSEHOLD ASSETS (List assets for all household members) THIS SECTION IS NOT REQUIRED FOR NHSC OR MSLRP CLINICS					
Asset Source	**What household member owns this asset?**	**Current Asset Value**	**Asset Source**	**What household member owns this asset?**	**Current Asset Value**
Checking Account			**Property (Home) Value**		
Checking Account #2			**Property #2 Value**		
Savings Account			**Vehicle (primary) Value**		
Savings Account #2			**Vehicle #2 Value**		
CD's/ Money Market			**Motorcycle/ATV/Boat/Trailer**		
401k/403B/IRA/Retirement			**Life Insurance (surrender value)**		
Stocks/Bonds/Annuity			**Other: _____**		
HSA/ FSA			**Other: _____**		

By my signing below, I certify that everything I have stated on this application and on any attachments is true.

Responsible Party Signature _____ Date _____

Spouse Signature _____ Date _____

Return to: Spectrum Health
Attn: Financial Counseling
100 Michigan
Grand Rapids, MI 49503

Attach Copies Of:

_____ Most Recent Tax Return
_____ Three months complete bank statements
_____ Three months proof of income (pay stubs, etc.)
_____ Current statements for all investments
_____ Medicaid determination/denial, if applied
_____ If no income, a letter from party providing support