



# Southwest — HEALTH —

Dear Patient or Responsible Party:

Southwest Health Center, Inc. treats all patients regardless of payment source. Part of our job is to help uninsured and under-insured patients find other financial resources.

**Financial Assistance** is a Southwest Health Center, Inc. program that assists uninsured or under-insured patients with their hospital bills. The first requirement is to determine whether or not you qualify for state medical assistance. To apply for Medicaid coverage online please go to this website, [www.accesswisconsin.gov](http://www.accesswisconsin.gov) or call 800-362-3002.

At the end of the application is a list of information that should be returned with the application.

Southwest Health Center, Inc. cannot consider your application until we receive all the required information.

If you have any questions, please do not hesitate to contact us at (608)342-4717. We would be more than happy to assist you with any question.

Sincerely,

Patient Financial Services

Notes:

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**With us, it's always personal**

1400 Eastside Road, Platteville, WI 53818

p.608.348.2331

f.608.342.4713

[southwesthealth.org](http://southwesthealth.org)

# FINANCIAL ASSISTANCE APPLICATION

NAME \_\_\_\_\_ SOC. SEC# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMPLOYER (Name & Address) \_\_\_\_\_

SPOUSE \_\_\_\_\_ SOC. SEC# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMPLOYER (Name & Addrss) \_\_\_\_\_

DEPENDENTS Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

**INCOME:** Represents total cash receipts for all sources before taxes included, but not limited to, wages, public assistance, social security, unemployment or workers' compensation benefits, union strike pay, VA benefits, child support, alimony, pension income, insurance or annuity payments, interest, rental income, royalties, estate or trust incomes, tax refunds, and compensation for injury claims.

Source of Income	Monthly Amount	Individual Receiving Income

Please make note of any financial changes, such as job loss, divorce, death, or any other hardship:

Have you or any family member ever applied for Medical Assistance? YES/NO

WHEN: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Assets – Property / Homestead		
Location	Assessed Tax Value	Mortgage Balance
Location	Assessed Tax Value	Mortgage Balance
Location	Assessed Tax Value	Mortgage Balance

Assets – Savings (Patient & Spouse)					
Type	Location	Amount	Type	Location	Amount
Checking			Credit Union		
Checking			CD's		
Savings			IRA's		
Savings			Other		

Assets – Auto or Truck		
Make & Year:	Estimated Value	Loan Balance:
Make & Year:	Estimated Value	Loan Balance:
Make & Year:	Estimated Value	Loan Balance:

Other Assets – Recreational Vehicles		
Type(Boat/Motorcycle/Snowmobile/RV/etc)	Estimated Value	Loan Balance

Monthly Expenses (Please feel free to use the back of this page for additional space)			
Rent		Alimony/Child Support	
Mortgage		Medications	
2 <sup>nd</sup> Mortgage		Insurance Premiums	
Utilities		Transportation	
Cable/Satellite		Medical Bills (specify)	
Phone(Include Cell)		Credit Card (specify)	
Food		Other (specify)	

I attest that the information on this application is accurate to the best of my knowledge and truly represents my current financial situation; and I authorize Southwest Health Center, Inc. to verify any information given on this application in the determination of my eligibility for Financial Assistance.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

**Important Note:** To process your application, the following information is necessary:

1. Written Denial for any State Medical Assistance Program (received through your County's Social Services Program)
2. Payroll stubs for last TWO months for each employed adult in household
3. Bank statements for the last TWO months, checking and savings accounts
4. Copy of most recent filed State & Federal Income Tax Returns, including all schedules filed
5. Student Aid Report for current school year, if you are attending any schooling after grade 12.