

# Winona Health Services Financial Assistance Application

**Complete the application and provide copies of the following information:**

Federal tax return (1040 form)	or	No taxes are filed - proof of gross yearly income required
Last tax return for patient and tax return for whomever claims the patient as a dependent		
Recent bank statement		
Last Payroll check stub		
Recent balances of any FSA (Flexible Spending Account), HSA (Health Savings Account), or HRA (Health Reimbursement Account)		
If no insurance, letter of explanation as to why Applicant/Patient, Spouse and/or dependents do not have insurance coverage		

## Applicant/Patient

Name:		Date of Birth (MM/DD/YYYY):	
Address:		City:	State:      Zip:
Primary Phone:	Secondary Phone:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Separated	
Have you been offered healthcare insurance through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list insurance:			

## Spouse

Name:	Date of Birth (MM/DD/YYYY):	Primary Phone:
Have you been offered healthcare insurance through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list insurance:		

## Dependents

Name:	Date of Birth (MM/DD/YYYY):	Relationship:

## Assets

Bank Accounts:	Bank Name:	Balance:
Checking/Saving:		\$
Investments (CDs):		\$
FSA, HSA, HRA balances:		\$

I verify that the information provided in this application is accurate and subject to verification. Should any of the information proved to be false, I understand that it may result in the denial of any benefit for which I may have been eligible. If denied, I further understand that I will be liable for any outstanding charges and/or balances.

Applicant Signature:	Date:
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Please return completed application and information to: **Winona Health Services, Attn: Business Office, P.O. Box 5600, Winona, MN 55987**

If you have questions regarding this process, contact: **Winona Health Business Office, 507.457.4488** 02/22 2990A

