



Financial Assistance Application Instructions

First Care Health Center provides financial assistance and counseling to those who meet set criteria, for uninsured and underinsured people of limited means, without regard to race, ethnicity, sexual preference, gender, religion or national origin. Financial assistance includes, but is not limited to, full or partial write off or reduced monthly payments. Information can be obtained by calling our business office at 701.284.7500.

The Financial Assistance Application must be completed, signed and returned with all required documents to help us determine the level of availability of financial assistance.

Extraordinary collection actions, including forwarding balance to a collection agency, reporting to credit bureaus and legal action may occur if the outstanding balance is not resolved.

Required Documentation:

- A copy of your most recent tax return.
- A copy of your paystubs or bank statements from the past three (3) months.
- A Medicaid denial letter or proof of application.
- Healthy Steps/CHIP Determination, if applicable.
- All pending Social Security Disability claim information, if applicable.

Family Income and Assets:

Amounts listed in this section of the application should include applicants and spouse/significant other's monthly net income. Income includes earnings, unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments survivor benefits, pension or retirement income, interest dividends, rents, royalties, income from estates, trust, education assistance, alimony, child support, assistance from outside the household and other miscellaneous sources. It does not include non-cash benefits (such as food stamps and housing subsidies) or capital gains and losses.

Net Income = Gross Income less taxes.

Signature:

The application process is incomplete unless signed by both you and your spouse/significant other.

Mailing Address:

Please mail application and all supporting documents to:

First Care Health Center
PO Box I
Park River, ND 58270