

DOCUMENTATION REQUIRED FOR CHARITY CARE APPLICATION

PLEASE BE SURE TO RETURN THE FOLLOWING ITEMS TO ASSURE YOUR APPLICATION IS PROCESSED:

****This application is only applicable to Ridgeview Sibley Facilities****

- Completed application. Please complete *all fields*, sign and date the application. If something does not apply to your situation mark zero or N/A.
- Complete, signed Federal Tax Returns for most recent year for applicant and all adults earning income in the household. (This includes unmarried couples.)
 - Copy of tax returns can be obtained by calling 800-829-1040.
- Check here if you did not file an income tax return for last year and explain why:

- If you only receive social security income and do not file taxes, please send this year's Social Security Benefit statement.
- If you are requesting assistance for a date of service when you were uninsured, please send your medical assistance denial letter for that time frame. (Applying for medical assistance is a pre-requisite for Ridgeview Sibley Charity Care.)
- Other supporting documents.

******PLEASE DO NOT SEND ORIGINAL DOCUMENTS. ******
THEY WILL NOT BE RETURNED TO YOU.



CHARITY CARE APPLICATION

APPLICATION FOR CHARITY CARE

**PLEASE DO NOT SEND ORIGINAL DOCUMENTS. THEY WILL NOT BE RETURNED TO YOU.
ONLY SEND PHOTOCOPIES.**

1. General. All applicants, regardless of race, color, creed, religion, national origin, disability, sex, age, or status in regards to public assistance will be considered.
2. Application. Application for Charity Care must be submitted to the Ridgeview Sibley Business Office along with the following:
 - a. Copies of most recent federal income tax return for the applicant and all adults (18+ years old) earning **income in the household**. If a person is not required to submit a return or if income sources have changed since the return was filed, then that person shall submit evidence showing his/her income for the 12 months immediately preceding application. **Proof of income must be attached.**
3. Services. All services provided by Ridgeview Sibley Medical Center are eligible for the Charity Care Program, except for the following:
 - a. Cosmetic services
 - b. Elective surgical procedures
 - c. Home Health Services
 - d. Respite Care
 - e. Home Support Services
 - f. Auto accidents when insurance information is not provided
 - g. Urine drug screens, breath and blood alcohol tests
 - h. Immunizations administration including flu shots
4. Eligibility. To apply for the Charity Care, an applicant must return the completed application with a copy of their entire Federal Income Tax Return for the preceding tax year. The level of charity care will be determined by the program coordinator. For questions, please call Ridgeview Sibley Business Office at 507-964-8439 or toll free at 888-974-2539. Applicant must be a resident of Minnesota.
5. Notice to Uninsured Applicants. Eligibility for all other insurance and third party payment options must be determined, including Medical Assistance and/or Minnesota Care prior to applying for Charity Care. **YOUR MEDICAL ASSISTANCE/MINNESOTA CARE DENIAL MUST BE INCLUDED.**
6. Payments from Applicant. When an applicant is approved for partial financial assistance through the Charity Care Program, payment arrangements must be made and agreed upon by applicant and Ridgeview Sibley Medical Center for any remaining balances.
7. Payments from Collateral Sources. All available health insurance proceeds shall be paid directly to Ridgeview Sibley Medical Center. If there is liability insurance, other private insurance, a lawsuit, or reimbursement available from any other source, it will be paid directly to Ridgeview Sibley Medical Center or arrangements will be made for direct payment, before an applicant is eligible for Charity Care.



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- 8. Right to Amend and Repeal Plan. Ridgeview Sibley Medical Center reserves the right to modify or repeal the Charity Care at any time, as it deems necessary.
- 9. Completed Application. Submit completed/signed form to: Ridgeview Sibley Medical Center, Attn: Business Office, 601 W Chandler St. Arlington, MN 55307. Allow for 30 days for the processing of your application.

Charity Care Guidelines:

When applying for Charity Care, an applicant and all adults (18 years and older) included on the tax statement and residing with him/her must show that their federal adjusted gross incomes, when combined, falls within the guidelines set forth below.

CHARITABLE SERVICE INCOME GUIDELINES

Family Size	Federal Poverty Income	100% of Bill Forgiven if Federal Adjusted Gross Income is at or Below (150%) of Poverty	75% of Bill Forgiven if Federal Adjusted Gross Income is Between (175%) of Poverty	50% of Bill Forgiven if Federal Adjusted Gross Income is Between (200%) of Poverty	25% of Bill Forgiven if Federal Adjusted Gross Income is Between (225%) of Poverty
1	\$12,140	\$18,210	\$18,211 - \$21,245	\$21,246 - \$24,280	\$24,281 - \$27,315
2	\$16,460	\$24,690	\$24,691 - \$28,805	\$28,806 - \$32,920	\$32,921 - \$37,035
3	\$20,780	\$31,170	\$31,171 - \$36,365	\$31,366 - \$41,560	\$41,561 - \$46,755
4	\$25,100	\$37,650	\$37,651 - \$43,925	\$43,926 - \$50,200	\$50,201 - \$56,475
5	\$29,420	\$44,130	\$43,861 - \$51,485	\$51,486 - \$58,840	\$58,841 - \$66,195
6	\$33,740	\$50,610	\$50,611 - \$59,045	\$59,046 - \$67,480	\$67,481 - \$75,915
7	\$38,060	\$57,090	\$57,091 - \$66,605	\$66,606 - \$76,120	\$76,121 - \$85,635
8	\$42,380	\$63,570	\$63,571 - \$74,165	\$74,166 - \$84,760	\$84,761 - \$95,355

(For family size over 8 please call our offices for the Income Guidelines)

** 225% of Federal Poverty Guidelines for year 2018 per Federal Register **



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PATIENT'S HOUSEHOLD DEMOGRAPHIC AND FINANCIAL INFORMATION

I request the hospital to determine if I am eligible for Ridgeview Sibley Charity Care financial assistance for my hospital and/or clinic bill based upon household income and other financial information. I understand that I am required to give certain financial information. I also understand that the hospital or its agents may check the information for accuracy. I understand that filling out this form does not guarantee that I will receive this financial help. If I am not eligible for financial assistance, I am responsible for my hospital bill.

Please Print

Name (head of household):		
Patient's Name:	Date of Birth:	
Home Mailing Address:		
City:	State:	Zip:
Email:	Occupation:	Employer:
Telephone # (Daytime):	Telephone # (Evening):	

Names and date of birth of family members living with you for which you are financially responsible

Name	Date of Birth	Relationship



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HOUSEHOLD INCOME		HOUSEHOLD EXPENSES (Monthly)	
Wages – Self (including farm and self-employment)	\$	Mortgage/Rent	\$
Wages – Other household	\$	Utility (Gas, Electric, Water/Sewer)	\$
Rental Income	\$	Medical	\$
Alimony	\$	Household (e.g. Food/Clothing)	\$
Child Support	\$	Other debts (Loans, credit cards, etc)	\$
Public Assistance	\$		\$
Social Security	\$		\$
Other Income (describe):	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

The information given above is true to the best of my knowledge. I have provided income verification with copies of the most recent Federal Income Tax Return for all household income and any other supporting documents for income and expenses. I am aware that any misstated, missing, or false information can retroactively revoke my Charity Care allowance. It is also understood that by signing this form I am allowing Ridgeview Sibley Medical Center to verify all items listed.

X _____ | _____
Signature of Applicant/Account Guarantor **Date**

Submit completed/signed form to: Ridgeview Sibley Medical Center
 601 W Chandler St
 Arlington MN 55307

<i>This Section for use by Ridgeview Sibley Medical Center Billing Department</i>			
Total Charges Approved with this Application: \$ _____			
[] Eligible [] Full [] Partial _____%			
If ineligible, reason is: [] Unable to verify income [] Did not apply for public assistance [] Income exceeds guidelines [] Unable to verify other financial information [] Other, explain:			
Application Taken By:	Date:	Application Approved By:	Date: