



FINANCIAL ASSISTANCE APPLICATION

Page 1 of 2 - Completion of all sections of this form is necessary to be considered for this program

| PATIENT INFORMATION | | | |
|--------------------------|---------------------------|----------------------------------|--|
| <u>Last name:</u> | <u>First name:</u> | <u>Birth date:</u> / / | <u>Number of People in Household:</u> |

| BANK INFORMATION / OTHER LIQUID ASSETS | | |
|--|--|--------------------------|
| Liquid assets are considered to be assets in the form of cash or those that are easily converted to cash Please include a full 30-day bank statement including all transactions for each checking and savings account for the household | | |
| Bank/Credit Union Name | Type of Account | Account Balance or Value |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL | | \$ |
| Financial Institution Name | Type of Account/Asset (401(k), CD, Money Market, IRA, stocks, bonds, etc) | Account Balance or Value |
| | | \$ |
| | | \$ |
| TOTAL | | \$ |

| HOUSEHOLD INCOME AND EXPENSES | | | |
|---|-----------|--|-----------|
| If you are 18 years or older and are counted as a dependent on your parents' income tax returns, list your parents' income and expenses below If you are living with any other adults but do not share income, list only your portion of the monthly household expenses If you are living with any other adults and <u>DO</u> share income/expenses, include income for both individuals | | | |
| MONTHLY HOUSEHOLD INCOME (after taxes) | | MONTHLY HOUSEHOLD EXPENSES | |
| Wages (Self) | \$ | Out-of-pocket Medical Expenses (i.e. copays) | \$ |
| Wages (Spouse) | \$ | Alimony/Child Support | \$ |
| Unemployment Benefits | \$ | Rent/Mortgage | \$ |
| Disability | \$ | Cable/Satellite TV/Internet | \$ |
| Pension/Military Allotments | \$ | Phone (Cell and Land Line) | \$ |
| Alimony/Child Support | \$ | Food | \$ |
| Rental | \$ | Clothing | \$ |
| Social Security Benefits | \$ | Other | \$ |
| Other | \$ | (Please specify) | \$ |
| (Please specify) | \$ | | \$ |
| | \$ | | \$ |
| TOTAL MONTHLY INCOME | \$ | TOTAL MONTHLY EXPENSES | \$ |

Please use the space below to provide any additional information you would like us to know regarding your current financial situation:

FINANCIAL ASSISTANCE APPLICATION

Page 2 of 2

| | | |
|--|---|--|
| Applicant's Marital Status (circle one): Single Married Divorced Legally Separated Widowed | Applicant's Employment Info (circle one): Employed Homemaker Student Unemployed Retired | Spouse's Employment Info (circle one): Employed Homemaker Student Unemployed Retired |
|--|---|--|

PLEASE RETURN COPIES OF THE FOLLOWING WITH THIS APPLICATION
 Processing of your application cannot occur without all of these required documents

| | |
|---|---|
| <input type="checkbox"/> Most recent federal tax return (1040 form) for you and your spouse* | <input type="checkbox"/> Proof of rent or mortgage (if not explicitly identified in bank statement) |
| <input type="checkbox"/> Most recent bank statement(s) for you and your spouse* A <u>full 30-day bank statement</u> including all transactions must be included for each checking and savings account for the household | <input type="checkbox"/> Copy of receipts for <u>all</u> items listed as monthly household expenses unless items are clearly indicated on your bank statement(s) |
| <input type="checkbox"/> Pay stubs for you and your spouse* from the past 2 months | |

****If you are 18 years or older and are counted as a dependent on your parents' income tax returns, you must submit your parents' federal tax return(s), pay stubs, and bank statements***
****If you are living with any other adults and DO share income/expenses, include income for both individuals as well as federal tax return(s), pay stubs, and bank statements***

I, the undersigned, certify that the information provided has been carefully completed, is true and correct to the best of my knowledge, and that there are no omissions. I understand that further documentation may be requested from me and that completion of this form does not guarantee any adjustments on my account(s).

| | |
|--|--------------|
| Patient/Guardian Signature: | Date: |
| Print Name and Relation to Patient (if not self): | |

* Application is due 30 days after receipt *



Financial Assistance Program – Frequently Asked Questions

What is MNGI’s financial assistance program?

MNGI’s financial assistance program is a partial or full discount available to those patients who are unable to establish a mutually agreeable payment plan with our Business Office. The level of the discount applied will be determined on a case-by-case basis according to your current financial situation.

Am I eligible for MNGI’s financial assistance program?

You may be eligible for the program if you have discussed your account balance with our Business Office and have been unable to establish a mutually agreeable payment plan. Consideration will be based on your household income, expenses, household size and assets. Potentially eligible households have an annual gross income at or below 300 percent of the Federal Poverty Guidelines:

| Eligible Household Income Amounts | | |
|-----------------------------------|-------------------------------|--------------------------------|
| Household Size | Annual Gross Household Income | Monthly Gross Household Income |
| 1 | \$38,640 | \$3,220 |
| 2 | \$52,260 | \$4,355 |
| 3 | \$65,880 | \$5,490 |
| 4 | \$79,500 | \$6,625 |
| 5 | \$93,120 | \$7,760 |
| 6 | \$106,740 | \$8,895 |
| 7 | \$120,360 | \$10,030 |
| 8 | \$133,980 | \$11,165 |

After you complete the financial assistance application in full and submit the required supporting documentation, MNGI will review your application to determine if you qualify for a discount.

If I meet the income requirements for MNGI’s financial assistance program, am I automatically approved?

No. Meeting the income requirements for the program does not ensure approval as many other factors are considered.

What documentation is required for application to the financial assistance program?

Please submit the following documentation with your completed application:

- Most recent federal tax return for you and your spouse*
- Most recent bank statement(s) for you and your spouse* (a full 30-day bank statement including all transactions must be included for **each** checking and savings account for the household)
- Pay stubs for you and your spouse from the past two months*

****If you are 18 years or older and are counted as a dependent on your parents’ income tax returns, you must submit your parents’ federal tax return(s), bank statement(s) and pay stubs***

****If you are living with any other adults and DO share income/expenses, include income for both individuals as well as federal tax return(1040 forms), pay stubs, and bank statements***

How long does the approval process take?

The approval process length varies, depending on whether or not additional documentation is required. However, the process generally takes about 14 business days after you provide us with the documents necessary to process your application.

Whose monthly income and expenses must be included on the application for financial assistance?

If you are married, both spouses’ incomes must be included on the application. If you are 18 years of age or older and are counted as a dependent on your parents’ income tax returns, both parents’ incomes must be included. If you are living with other adults but you do not share income, please only list your portion of the household expenses on the application. For instance, if you have a roommate and the total monthly rent is \$1,000, you would list \$500 as your monthly expense for rent on the application.

Can I apply for financial assistance if I have insurance?

Yes. Any discount for which you qualify under the financial assistance program will be made after we receive payment from your insurance company.

What if I have already made payments on my account?

Discounts will be made on the remaining current balance. Refunds for previous payments will not be made.

How often do I need to apply for the program?

If you are eligible for the financial assistance program, a one-time discount will be applied to your account for all dates of service prior to receipt of your application. Should you need continued medical care for which you need further assistance, you will need to submit another application.