

Tri-County Memorial would like to help as much as possible with any medical expenses that you or your family may accumulate at our facility. However, we would ask that you first contact your county to see if you may be eligible for any government programs before completing our form for assistance (see listing below). **If you do not qualify through your county, a copy of the denial will need to be sent** with Tri-County Memorial's Financial Assistance Application.

In order to qualify for potential financial assistance through Tri-County Memorial for medical bills, you will need to complete this form. **Please include a copy of your last pay stub, your last year's federal and state income tax returns, as well as a letter explaining your current financial situation.**

Please send completed information to:

Tri-County Memorial
P.O. Box 65
Whitehall, WI 54773
Attn: Benefits Specialist

If you have any questions, call our Benefits Specialist at (715)538-4361 ext. 1003

Apply for Medicaid in Wisconsin 1-800-362-3002 or go to <http://dhs.wisconsin.gov>
You can also call the Trempealeau County Courthouse at (715)538-2311, and ask to speak with someone from the Social Service Department.

Apply for Medicaid in Minnesota 1-800-657-3739 or go to www.dhs.state.mn.us

Employment information of Spouse (if applicable)

Employer _____

Business Address _____
Street City State Zip Code

Phone # (____) _____

Occupation _____ Date of Hire _____

Monthly Salary (Gross) _____ (Net) _____

Additional Source(s) of Income (per month):

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Other Wages | \$ _____ | <input type="checkbox"/> Worker's Compensation | \$ _____ |
| <input type="checkbox"/> Interest, Dividends | \$ _____ | <input type="checkbox"/> Unemployment | \$ _____ |
| <input type="checkbox"/> Rental Income | \$ _____ | <input type="checkbox"/> Farm Income | \$ _____ |
| <input type="checkbox"/> Food Stamps | \$ _____ | <input type="checkbox"/> Self Employment | \$ _____ |
| <input type="checkbox"/> Alimony | \$ _____ | <input type="checkbox"/> SSI/Social Security | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ | <input type="checkbox"/> Veterans Benefits | \$ _____ |
| <input type="checkbox"/> Pension | \$ _____ | <input type="checkbox"/> Other | \$ _____ |

Monthly Expenses

Number of Persons in Household _____ Number of children living in household (under 18) _____

- | | | | |
|----------------------------|----------|--------------------------|----------|
| Rent | \$ _____ | Groceries | \$ _____ |
| Health Insurance | \$ _____ | Child Care | \$ _____ |
| Auto Insurance | \$ _____ | Child Support (monthly) | \$ _____ |
| Taxes | \$ _____ | School Expenses | \$ _____ |
| (Not included in mortgage) | | Transportation | \$ _____ |
| Home/Renters Ins. | \$ _____ | (Gas, oil, bus/cab fare) | |
| Heat/Utilities | \$ _____ | Clothing | \$ _____ |
| Telephone/Cell Phone | \$ _____ | Entertainment | \$ _____ |
| Cable TV | \$ _____ | Medications | \$ _____ |
| | | Misc (Please Itemize) | \$ _____ |
| | | | \$ _____ |
| | | | \$ _____ |

Auto Make/Type: _____ Year _____
 Auto Make/Type: _____ Year _____

****Please list all assets and liabilities even if there are no outstanding balances owed*****

Assets & Liabilities	Estimated Value	Date Purchased	Original Purchase Amt	Balance Owed	Monthly Payment
Home Mortgage					
Second Mortgage					
Other Real Estate					
Home Equity					
Auto/Truck/Cycle					
Auto/Truck Cycle					
Recreational Vehicle					
Bank/Credit Union					
Bank/Credit Union					
Other Assets					
Savings Acct Balance					
Cash on Hand					
Checking Acct Balance					
CD's/Stocks/Bonds					

Charge Accounts

Name	Balance	Monthly Payment	Credit Limit

Medical Bills

Facility	Balance	Monthly Payment	Amount Paid in the last three months



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We must receive a copy of your last month's pay stub, and a completed copy of last year's income tax return (both federal and state). It would be very beneficial for you to send a letter along with your application explaining your personal/financial situation. This will help us to better understand your circumstances. Please be aware we will review the information you have provided in conjunction with your credit report for verification of debts listed.

If this form is not complete, or inaccurate, then it may be denied for financial consideration.
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Checklist

- Copy of Federal and State Income Tax Returns**
- Pay Stubs for last 30 days**
- Copy of Medical Assistance Determination**
- Letter explaining current financial situation**
- Signed and completed Financial Assistance Application**

I certify that the preceding Income/Expense information is true and correct.

(Signature – Applicant)

(Signature – Spouse)

Date _____

Date _____

Please return completed application along with all required documentation to:
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