COMMUNITY CARE PROGRAM

Financial Assistance Program

Thank you for your interest in the Osceola Medical Center Community Care Program. Community Care is a financial assistance program that can assist you with the medical bills you may have through Osceola Medical Center. Please refer to the information below while completing your application.

Community Care will only assist with **medically necessary** services, which **excludes** elective services and prescription medications. Osceola Medical Center will determine if a service is medically necessary.

Examples of excluded services are, but not limited to, the following: IUD placement, colposcopy, nail ablation, lesion/wart removal, chemotherapy and endometrial aspirate.

Surgery services and diagnostic imaging such as MRI's and CT's will need to be pre-approved before scheduling

If you are unsure if a procedure or service will qualify for Community Care, please call the number below prior to your appointment.

It is important that you provide us with ***current*** insurance, income and asset information, even if your situation has changed since you incurred your bills with Osceola Medical Center. Eligibility is based on your current household income and assets. This program is only available to those who are established patients at Osceola Medical Center and/or from the surrounding Osceola Community.

REQUIRED ACTIONS: If you, or any of your dependents, currently have no medical coverage and fall within the income and asset guidelines for government health care programs (Medical Assistance, Badger Care), we need you to apply for and fully utilize any of those programs. If you are denied for those programs, please remit copies of your current denials along with this application. Please note: THIS DOES NOT APPLY TO PATIENTS WHO CURRENTLY HAVE MEDICAL INSURANCE OR ARE COVERED BY MEDICARE PARTS A & B.

WISCONSIN RESIDENTS please visit www.access.wi.gov or www.healthcare.gov or call 1-800-318-2596
MINNESOTA RESIDENTS please visit www.mn.sure.org or call 1-855-366-7873

DEPENDENTS: If claiming any dependents are 18 or older, please send a copy of your most recent Federal Income Tax form showing that you still claim them as a dependent. Community Care benefits for dependent children 18 years and older is determined on a case by case basis.

REQUIRED FORMS AND DOCUMENTATION: (Include all adults in the household)

- ☐ Completed and signed Community Care Application
- ☐ Complete copy of your federal tax return from the previous tax year
- ☐ Copy of pay stubs from the most recent 4 weeks or copy of unemployment benefit award letter
- ☐ Copy of most recent bank statement
- ☐ Copy of a medical assistance denial letter (as stated in Required Actions box above)
- ☐ *If applicable:* Copy of recent Social Security or Pension check or your proof of benefits statement
- ☐ *If applicable:* All other forms of income & liquid assets must have official documentation from which we can easily determine your gross income.

If you need assistance with this application, please use the contact information below. Applications need to be returned within 30 days or your file may be closed. Applications lacking the required documentation will be returned to you.

Financial Patient Advocate: Julie Baryluk (715) 294-5637

Osceola Medical Center 2600 65th Ave., P.O. Box 218, Osceola, WI 54020 **Phone: 715-294-2111** www.MyOMC.org

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Financial Assistance Application

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1. PATIENT/RESPONSIBLE PARTY

ACCOUNT #'S			HOME PHONE NUMBER
NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
SPOUSE'S NAME	SPOUSE'S SOCIAL SECURITY NUMBER		SPOUSE'S DATE OF BIRTH

2. MEDICAL INSURANCE

Do you currently have medical insurance? (circle) yes no Does your spouse? yes no

Insurance Company	Effective Date	Group Number	ID Number
Spouse's Insurance Company	Effective Date	Group Number	ID Number
Do you currently have? (circle) Medical Assistance Badger Care Medicare			Effective Date
Does your spouse currently have? (circle) Medical Assistance Badger Care Medicare			Effective Date

3. DEPENDANTS

Use an additional sheet if necessary.

Name	Date of Birth	Relationship	Current Medical Coverage
Name	Date of Birth	Relationship	Current Medical Coverage
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Name	Date of Birth	Relationship	Current Medical Coverage
Name	Date of Birth	Relationship	Current Medical Coverage
Name	Date of Birth	Relationship	Current Medical Coverage

4. EMPLOYMENT STATUS

Applicant (circle)	Employed	Self-Employed	Unemployed	Retired	Other (Describe)
Spouse (circle)	Employed	Self-Employed	Unemployed	Retired	Other (Describe)

5. MONTHLY INCOME

(Please attach documentation for all income)

Patient's Wages	$
Spouse's Wages	$
Self-Employment	$
Public Assistance	$
Social Security	$
Pension	$
Other	$
TOTAL	$

6. LIQUID ASSETS **(Please attach a statement for each asset listed)**

Does not include Personal Property (car, house, etc) or Retirement Investments (401K, IRA)

Savings Account(s)	$
Checking Account(s)	$
Stocks/Bonds	$
Certificates of Deposit	$
Money Market Accounts	$
TOTAL	$

PLEASE READ AND SIGN BELOW

I acknowledge that the information on this application is true and correct to the best of my knowledge, and I hereby authorize Osceola Medical Center to release this information to any physician, clinic, affiliate, and/or other area hospital or clinic to which I am referred. I also acknowledge that I must enroll in and fully utilize and comply with (1) any Health Care Programs that I may qualify for, or (2) any medical insurance that may be available to me through an employer, and that failure to do so could result in denial of continuing financial assistance from Osceola Medical Center.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

BEFORE RETURNING THIS APPLICATION: Please be sure that you have completed all fields, and that you have included all necessary documentation income/asset verification as well as any health care program denials that may be required of you. **PLEASE REFER TO THE BACK OF THE PAGE FOR ADDITIONAL INFORMATION REGARDING REQUIRED DOCUMENTATION. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.**

REV 5/2019