



Verification Checklist: Your Application will be returned as incomplete if the following items are not included with the application.	Yes	No
Income Verification: Prior year tax return, if not filed yet, need the W-2's.		
Proof of application for WI Medicaid (for Community Care – Hospital based services) Apply at this Web Site: https://access.wisconsin.gov/ or call 1-888-283-0012		

Financial Assistance Discount Application

It is the policy of Western Wisconsin Health to provide essential medically necessary services regardless of the patient's ability to pay. WWH offers discounts based on family size and annual income.

Please complete the following information and return to the financial counselor or business office. **You must provide proof of income for your application to be processed**, please see above. Pay stubs are not adequate documentation unless you have not previously filed a federal tax return. We will process your application based on your Family size and your AGI (adjusted gross income) from your taxes.

The discount will apply to all services received at this facility, except for retail cash-based services or those services or equipment purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 3 months or if your financial situation changes.

Name of Household			Place of Employment (self and spouse)	
Street	City	State	Zip	Phone

Name – Self/Dependents	Date of Birth	Name – Self/Dependents	Date of Birth



WESTERN WISCONSIN HEALTH

Reason for Application: The Financial Assistance Programs are not insurance programs nor are they entitlement programs. They are not meant to replace benefits that are or could be received from other payment sources. Please state your reason for needing assistance with your bill: (or attach separate letter) _____

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc. (from taxes, W-2)				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, and other miscellaneous sources				
Total Income				

Print name			
Signature		Date	