

FINANCIAL ASSISTANCE APPLICATION

Phone: (701) 523-7179 ~ Fax: 701-523-7126

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Credit Card Totals	Assets		Liabilitie	s		Expens	es		
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Retirement Funds	Cash on Handsavings								
Vehicle: Year: \$ Other Liabilities: \$ Medical Bills. \$ Prescription Drugs. \$ Sother Assets Other Assets. \$ Other Liabilities: \$ Other L		onds, and /or Home Mortg.		ge Loans		Utilities		<u>\$</u>	
Vehicle:Year:\$ Other Liabilities:\$ Medical Bills\$ Other Assets\$ Other Liabilities:\$ Prescription Drugs\$ Other Assets\$ Souther Assets\$ Total Assets\$ Total Liabilities\$ Souther Medical Bills\$ Total Assets\$ Child Care/Child Support\$ Net Worth(Assets-Liabilities)\$ Total Monthly Expenses\$ Total Monthly Expenses\$ Southwest Healthcare Services to verify any or all the information given and to obtain a consumer credit report to be obtained as necessary. If you have questions, call Patient Financial Services at (701) 523-7179, Monday - Friday, 8:00 a.m 4:30 p.m.	Retirement Funds			Own		—			
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Other Assets	Vehicle:Year:			es:					
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Responsible Person/Spouse/Significant Other Signature Date	Deeneneikle Deresen/Correct	oo/Gianificant C	Athon Clauseter				Date		

Notes	Notes						
OFFICE USE ONLY							
Approved Dates approved:	evious 18 months, 3 months in the future]						
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Not Approved							
Letter sent to applicant							
CFO	Financial Counselor						
CEO	Business Office Manager						