



# SOUTHWEST HEALTHCARE SERVICES

802 Second Street NW  
Bowman, ND 58623  
701-523-5555

## FINANCIAL ASSISTANCE APPLICATION

LAST NAME OF RESPONSIBLE PERSON (print)		FIRST NAME		MIDDLE INITIAL
SOCIAL SECURITY NUMBER		HOME PHONE NUMBER		AGE
STREET ADDRESS		CITY	STATE	ZIP CODE
EMPLOYER <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		WORK PHONE NUMBER	MONTHLY GROSS INCOME	

LAST NAME OF SPOUSE/SIGNIFICANT OTHER (print)		FIRST NAME		MIDDLE INITIAL
SOCIAL SECURITY NUMBER		HOME PHONE NUMBER		AGE
EMPLOYER <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		WORK PHONE NUMBER	MONTHLY GROSS INCOME	

NUMBER OF DEPENDENT CHILDREN	ANNUAL GROSS HOUSEHOLD INCOME \$
------------------------------	-------------------------------------

**A copy of the following information must be included with your application. Proof of income required.**

- Federal Tax Return** (most recent) - If claim as dependent by someone else, must provide claimants most recent tax return.
- 3 Months Current Pay Stubs** - must include Responsible Person and Spouse/Significant Other.
- 2 Months of bank statements** - must include all bank accounts.

**Are you currently receiving any of the following:** - attach supporting document

- Alimony
- Food Stamps/Housing
- Railroad Retirement
- VA Assistance
- Disability
- Life Insurance
- Social Security
- Other - list \_\_\_\_\_
- Pension
- Worker's Compensation
- Unemployment

I acknowledge the information given to Southwest Healthcare Services is true and correct to the best of my knowledge. I authorize 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 any questions, call Patient Financial Services at 701-523-7179, Monday - Friday, 8:00 a.m. - 4:00 p.m.

\_\_\_\_\_  
**Responsible Person/Spouse/Significant Other Signature**

\_\_\_\_\_  
**Date**

# NOTES

## OFFICE USE ONLY

**Approved**

**Dates approved:** \_\_\_\_\_  
[Previous 18 months, 3 months in the future]

**Not Approved**

**Letter sent to applicant**

\_\_\_\_\_  
**CFO**

\_\_\_\_\_  
**Financial Counselor**

\_\_\_\_\_  
**CEO**

\_\_\_\_\_  
**Business Manager**