ASPIRE
RURAL HEALTH SYSTEM

NHSC Financial Assistance Application

*Please complete both sides of this form, sign and date.

Name: _____ Birthdate: _____
(Patient)

Name: _____ Birthdate: _____
(Guarantor/Responsible Party)

Street Address: _____ City: _____ State: _____ Zip: _____
(Guarantor/Responsible Party)

Telephone: _____

MONTHLY INCOME

Patient's Employer: _____ Self-employed [ ]

How long _____ to _____ Gross Wages $_____

Unemployed [ ] How long? _____

Social Security ..... $_____

Unemployment Comp ..... $ _____

Worker's Comp ..... $ _____

Child Support/Alimony ..... $ _____

Other Income ..... $ _____

Source: _____

TOTAL: $ _____

Spouse/Parent Employer: _____ Self-employed [ ]

How long _____ to _____ Gross Wages $_____

Unemployed [ ] How long? _____

Social Security ..... $_____

Unemployment Comp ..... $ _____

Worker's Comp ..... $ _____

Child Support/Alimony ..... $ _____

Other Income ..... $ _____

Source: _____

TOTAL: $ _____

Household Size_____

Please list all family members in your household (claimed on previous year taxes).

_____ _____ _____

_____ _____ _____

_____ _____ _____

The following documents must be provided for guarantor of account:

- Most recent filed federal income tax return
- Current Pay Check Stub(s)
- Statement of income from other sources (Social Security, Pension, Workers Compensation, etc.)

I hereby request that Aspire Rural Health System make a determination of my eligibility for their Charity Care Program. I understand that if the information I submit is now or at any time in the future determined to be false, such a determination will result in current and/or retroactive denial of Charity Care and I will be liable for charges for services rendered. I certify that all of the information in this form is true and correct. Incomplete or fraudulent application will be denied.

_____ _____

Patient or Responsible Party Signature Date

**Please return this application to: Aspire Rural Health System, Patient Financial Counselors,
4675 Hill Street, Cass City, MI 48726
Phone No. (989) 912-6800