



Daim Ntawv Teev Cov Kev Ntshuam Xyuas Daim Ntawv Thov Kev Pab Cuam Nyiaj Txiag/Financial Assistance Application Checklist

Ua kom tiav daim ntawv thov no yuav pab Marshfield Clinic Health Systems, Inc. txiav txim siab seb koj puas tsim nyog tau txais kev saib xyuas dawb los sis luv nqi los sis tsim nyog rau lwm cov kev pab cuam pej xeem uas tuaj yeem pab them koj cov kev kho mob. *Completing this application will assist Marshfield Clinic Health Systems, Inc. determine if you are eligible to receive free or discounted care or qualify for other public programs that can help pay for your health care.*

Ua kom tiav, kos npe, hnuv tim thiab xa rov qab daim ntawv thov.
Complete, sign, date and return application.

- Qhov no suav nrog ua kom tiav lub thawv ntawv tso cai nyob rau sab xis sab xis ntawm daim ntawv rau Marshfield Clinic Health Systems, Inc. thiab lawv cov koom haum koom tes los qhia koj cov ntaub ntawv.
This includes completing the authorization box in the upper right corner of the form for Marshfield Clinic Health Systems, Inc. and their affiliated entities to share your information.
- Muab cov ntawv luam ntawm cov ntaub ntawv txhawb nqa.
Provide copies of required supporting documentation.

Yog tias koj muaj lus nug los sis xav tau kev pab cuam rau kev ua kom tiav daim ntawv thov, hu rau peb ntawm tus xov tooj 1-715-389-4475 los sis 1-800-782-8581, txuas ntxiv. 9-4475.

If you have questions or need help completing the application, contact us at 1-715-389-4475 or 1-800-782-8581, ext. 9-4475.

Xa ntawv ua tiav daim ntawv thov kev pab cuam rau sab nyiaj txiag thiab luam cov ntaub ntawv xav tau rau:

Mail completed financial assistance application and copies of required documentation to:

Marshfield Clinic Health System
Lub Chaw Muab Kev Pab Cuam Sab Nyiaj Txiag Rau Tus Neeg Mob
1000 North Oak Avenue
Marshfield, WI 54449

Los sis muab xab kees thiab xa hauv email rau: PACCounselorShared@marshfieldclinic.org

Or scan and email to: PACCounselorShared@marshfieldclinic.org

Se (txhawm rau tag nrho cov neeg laus hauv tsev neeg)/Taxes (for all adult household members)

- Tsoom Fwv Teb Chaws cov se them rov qab tham sim no thiab/los sis cov ntaub ntawv se tawm ntawm Tsoom Fwv Teb Chaws tsis ntev los no uas tus neeg thov tau thov raws li tus neeg nyob hauv, yog tias muaj, suav nrog:
Most recent Federal tax return and/or the most recent Federal tax return on which the applicant was claimed as a dependent, if applicable, including:
 - Txhua daim ntawv W-2 thiab 1099 (suav nrog W-2 cuam tshuam nrog cov se rov qab)
All W-2 and 1099 forms (including the W-2 associated with the tax return)
 - Txhua lub sij hawm
All schedules
 - Tag nrho cov ntawv txuas ntxiv
All additional attachments

Yog tias koj tsis muaj daim ntawv luam ntawm koj daim ntawv them se tam sim no, koj tuaj yeem thov daim ntawv teev npe los ntawm kev hu rau **1-800-908-9946** los sis mus hauv online ntawm <http://www.irs.gov/Individuals/Get-Transcript>.

If you do not have a copy of your most recent tax return, you can request a transcript by calling 1-800-908-9946 or go online to <http://www.irs.gov/Individuals/Get-Transcript>.

Yog tias koj tsis tas yuav ua daim ntawv them se, teb kom tiav daim ntawv 4506T. Koj tuaj yeem tau txais daim foos online no ntawm *If you are not required to file a tax return, complete a 4506T form. You can get this form online at*

<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>.

- Koj cov foos W-2 thiab 1099 tam sim no
Your most current W-2 and 1099 forms

Nyiaj hli (txhawm rau tag nrho cov neeg laus hauv tsev neeg) Wages (for all adult household members)

- Daim ntawv them nyiaj tsis ntev los no rau txhua tus tswv ntiav koj tau ua hauj lwm rau xyoo tam sim no thiab daim ntawv them nyiaj zaum kawg los ntawm txhua tus tswv ntiav yav dhau los hauv xyoo tam sim no:
Most recent payroll stub for each employer you worked for in the current year and final payroll stub from all previous employers in current year:
 - Yuav tsum qhia cov nyiaj khwv tau los rau xyoo
Must show year-to-date earnings
 - Yuav tsum muaj rau txhua tus neeg laus ua hauj lwm hauv tsev neeg (xws li cov txij nkawm txawm tias yog nyob sib nrug, tseem ceeb lwm tus nyob hauv tsev nrog tus me nyuam sib koom, los sis cov neeg laus nyob hauv tsev yog tias tau thov raws li tus neeg vam khom)
Required for each adult working member in the household (including married couples even if living apart, significant others living in the household with a child in common, or adults living in the household if claimed as a dependent)
- Txhawm rau cov nyiaj ntsuab - ua kom tiav daim ntawv pov thawj ntawm Nqi Dag Zog Rau Tus Neeg Ua Hauj Lwm
For cash – complete an Employer Wage Verification form

Cov nyiaj khwv tau los uas tsis tau txais (txhawm rau tag nrho cov neeg laus hauv tsev neeg) Unearned income (for all adult household members)

- Cov nqe lus rau cov nyiaj laus, nyiaj laus, 401K, nyiaj xyoo
Statements for retirement funds, pensions, 401K, annuities
 - Tsuas yog siv tau yog tias tau txais cov nyiaj tau los txhua hli/lub hlis twg
Only applicable if monthly/quarterly income is received
- Cov ntawv puav pheej rau Kev Ruaj Ntseg Rau Zej Tsoom, Cov Nyiaj Pab Ua Hauj Lwm, thiab kev tsis taus
Award letters for Social Security, Workers' Compensation, and disability
- Txoj cai sib nrauj txhawm rau kev txheeb xyuas kev kho mob (nqi saib xyuas)
Divorce decree for verification of maintenance (alimony)
- Kev txheeb xyuas cov nyiaj saib xyuas me nyuam thiab cov nyiaj tau los ntawm kev tu me nyuam
Child support verification and foster care income
- Cov nyiaj tau los ntawm pab pawg neeg, cov nyiaj tau los ntawm nqi xauj tsev, cov nyiaj paj ntsig, cov nyiaj faib, thiab/los sis cov kev cai
Tribal income, rental income, interest income, dividends, and/or royalties
- Kev poob hauj lwm - txhawm rau kev luam tawm ib xyoo-rau-ib hnub , mus rau <http://dwd.wisconsin.gov/uiben/online>
Unemployment – for a year-to-date print out, go to <http://dwd.wisconsin.gov/uiben/online>
- Cov nyiaj pab cuam rau cov qub tub rog
Veteran's benefit
- Khoom muaj nug nqis los yog kev ntseeg siab
Estate or trust

Lwm cov khoos kas (tsis tsim nyog)/Other programs (not required)

- Daim ntawv pom zoo los sis tsis lees paub los ntawm Kev Pab Cuam Rau Kev Kho Mob, Kev Pab Cuam Rau Pej Xeem, Nyiaj Tau Los Ntxiv Rau Kev Nyab Xeeb, thiab Kev Ruaj Ntseg Rau Cov Neeg Xiam Oob Qhab
Approval or denial letter from Medical Assistance, Public Assistance, Supplemental Security Income, and Social Security Disability
- Kev pom zoo los sis tsis lees txais tsab ntawv los ntawm Pawg Neeg Cov Nyiaj Pab Cuam
Approval or denial letter from Tribal Benefits
- Cov ntawv luam ntawm cov ntaub ntawv raug cai thiab kev nkag teb chaws tuaj yeem raug thov los txiav txim txog kev txhawb nqa thiab kev lav phib xaub; Piv txwv li: Visa tam sim no los sis tas sij hawm; daim npav nyob ruaj khov
opies of legal and immigration documents may be requested to determine sponsorship and financial responsibility; for example: current or expired Visa; permanent resident card



Daim Ntawv Thov Kev Pab Cuam Nyiaj Txiag Financial Assistance Application

Sau cov ntaub ntawv rau txhua qhov khoob ntawm daim ntawv thov kom ua tiav raws sij hawm. Nkag mus rau "n/a" los sis kos ib kab hauv ib ntu yog tias nws tsis siv rau koj.

Fill in all blanks on application to ensure timely processing. Enter "n/a" or draw a line through a section if it is not applicable to you.

Kuv tso cai rau Marshfield Clinic Health System, Inc. thiab lawv cov koom haum koom nrog los qhia kuv cov ntaub ntawv nyiaj txiag hauv daim ntawv thov no rau lub hom phiaj ntawm kev thov kev pab cuam rau kuv cov nqi kho mob:

I authorize Marshfield Clinic Health System, Inc. and their affiliated entities to share my financial information in this application for the purpose of applying for assistance for my health care costs:

Yog lawm

Yes, share

Nthuav tawm ITxhob nthuav tawm, kuv xav thov kom muab cai

Do not share, I want to apply separately

Tus neeg mob kos npe _____
Patient signature

Tus Neeg Thov Kev Pab Cuam Lub Npe <i>Applicant's name</i>		Xov tooj <i>Phone</i>	Hnub Yug <i>Date of birth</i>	Tus neeg thov tus lej keeb kwm kev kho mob <i>Applicant's medical history number</i>	
Koj puas tau thov raws li tus neeg nyob hauv: <i>Are you claimed as a dependant:</i>		Yog tias thov lawm, koj qhov chaw nyob ruaj khov yog tib yam ntawm tus sau se: <i>If yes, is your primary residence the same at the tax filer:</i>			
<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No		<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No			
Qhov chaw nyob <i>Address</i>			Kev txij nkawm: <i>Marital status:</i>		
			<input type="checkbox"/> Sib yuav lawm <input type="checkbox"/> Tsis tau sib yuav <i>Married Single</i>		
			<input type="checkbox"/> Sib nrauj lawm <input type="checkbox"/> Poj ntsuam <i>Divorced Widowed</i>		
			<input type="checkbox"/> Lwm yam _____ <i>Other</i>		
Nroog <i>City</i>	Cheeb Tsam Nroog <i>County</i>		Xeev <i>State</i>	Zij khauj <i>ZIP</i>	
Puas yog tus neeg thov kev pab cuam: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Hom kev pab cuam: <input type="checkbox"/> Cov nyiaj tshuav uas twb muaj lawm <input type="checkbox"/> Cov nyiaj tshuav thiab cov nqi yav tom ntej <i>Is applicant applying for assistance: Yes No Type of assistance: Existing balance only Existing balance and future charges</i>					
Sau cov npe thiab muab cov ntaub ntawv rau txhua tus neeg nyob hauv koj lub tsev. Kos tus cim (✓) "yog" rau txhua tus neeg thov kev pab cuam thiab <i>List the names and provide information for all others residing in your home. Check (✓) "yes" for each individual who is applying for assistance and "no" for each individual who is not applying for assistance:</i>					
Lub Npe <i>Name</i>	Hnub Yug <i>Date of birth</i>	Kev txheeb ze <i>Relationship</i>	Thov raws li tus nyob hauv <i>Claimed as dependent</i>	cov nyiaj tau los yog tias koj muaj hnub nyoog <i>18 xyoo nce mus Income if 18 years or older</i>	Thov rau kev pab <i>Applying for assistance</i>
			<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No
			<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No
			<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No
			<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No
			<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No	<input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yes No

Puas yog Lub Tsev Kuaj Mob Me Marshfield Lub Lab Npauv Saib Xyuas Kev Noj Qab Haus Huv koj qhov chaw saib xyuas thawj zaug:

Is Marshfield Clinic Health System your primary care facility:

Yog Tsis Yog Yog tsis yog, sau npe/qhov chaw nyob _____
 Yes No If no, list name/location

		Tus Neeg Thov <i>Applicant</i>		Tus txij nkawm/Tus neeg thov kev pab nrog <i>Spouse/Co-applicant</i>	
Cov Peev Nyiaj Tau Los - Txhua Hli Tag Nirho (ua cov ntej se) Income Sources - Monthly Gross (Before Taxes)	Sau tag nrho cov tswv ntiav hauj lwm rau xyoo tam sim no <i>List all employers for current year</i>				
	Hnub pib thiab hnub kawg ntawm kev ua hauj lwm (hli/hnub/xyoo) <i>Start and end dates of employment (mm/dd/yyyy)</i>				
	Cov Nqi Dag Zog <i>Wages</i>	Nyiaj nqi dag zog raws teev ua hauj lwm \$ <i>Hourly wage</i>	Ua hauj lwm pes tsawg teev/lim tiam <i>Hours worked/week</i>	Nyiaj nqi dag zog raws teev ua hauj lwm \$ <i>Hourly wage</i>	Ua hauj lwm pes tsawg teev/lim tiam <i>Hours worked/week</i>
	Xaus Saus Kev Ruaj Ntseg <i>Social Security</i>	\$		\$	
	Nyiaj so hauj lwm/Nyiaj rau thaum laus <i>Retirement/Pension</i>	\$		\$	
	Cov nyiaj pab cuam rau cov qub tub rog <i>Veterans benefits</i>	\$		\$	
	Kev xiam oob qhab <i>Disability</i>	\$		\$	
	Kev poob hauj lwm <i>Unemployment</i>	\$		\$	
	Cov Nqi Dag Zog Rau Cov Neeg Ua Hauj Lwm <i>Workers Compensation</i>	\$		\$	
	Kev txhawb nqa me nyuam yaus <i>Child support</i>	\$		\$	
	Kev tu saib xyuas <i>Foster care</i>	\$		\$	
	Cov nyiaj nqi xauj tsev tau los <i>Rental income</i>	\$		\$	
	Cov paj ntsig thiab cov nyiaj tau los sib faib <i>Interest and dividend income</i>	\$		\$	
	Nqi Saib Xyuas (kev tu saib xyuas) <i>Alimony (maintenance)</i>	\$		\$	
	Khoom muaj nug nqis los yog kev ntseeg siab <i>Estate or trust</i>	\$		\$	
Cov nqi cai <i>Royalties</i>	\$		\$		
Lwm cov nyiaj tau los (thov piav qhia) <i>Other income (specify)</i>	\$		\$		

Cov Nyiaj Pab Cuam Tuav Pov Hwm Rau Kev Noj Qab Haus Huv Health Insurance Benefits	Tus Neeg Thov Applicant		Tus txij nkawm/Tus neeg thov kev pab nrog Spouse/Co-applicant	
Kev tuav pov hwm <i>Insurance</i>		Hnub pib siv tau <i>Effective date</i>		Hnub pib siv tau <i>Effective date</i>
Koj puas muaj Medicare <i>Do you have Medicare</i>	<input type="checkbox"/> Muaj Yes <input type="checkbox"/> Tsis Muaj No <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D	<input type="checkbox"/> Kev Saib Xyuas Neeg Laus <i>SeniorCare</i>	<input type="checkbox"/> Muaj Yes <input type="checkbox"/> Tsis Muaj No <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D	<input type="checkbox"/> Kev Saib Xyuas Neeg Laus <i>SeniorCare</i>
Koj puas muaj BadgerCare/Kev Pab Cuam Rau Kev Kho Mob <i>Do you have BadgerCare/Medical Assistance</i>	<input type="checkbox"/> Muaj Yes <input type="checkbox"/> Tsis Muaj No <input type="checkbox"/> Tsis Kam Lees Denied Yog muaj, qhia seb yog dab tsi _____ <i>If yes, state</i>		<input type="checkbox"/> Muaj Yes <input type="checkbox"/> Tsis Muaj No <input type="checkbox"/> Tsis Kam Lees Denied Yog muaj, qhia seb yog dab tsi _____ <i>If yes, state</i>	
Koj qhov chaw ua hauj lwm puas tau muab nyiaj rau koj mus them cov nqi kho mob <i>Does your employer provide you with a payment to cover your medical/health expenses</i>	<input type="checkbox"/> Muab lawm Yes <input type="checkbox"/> Tsis Tau Muab No		<input type="checkbox"/> Muab lawm Yes <input type="checkbox"/> Tsis Tau Muab No	
Koj puas tau txais kev faib zaub mov, kev pab cuam sab dag zog los sis cov tsev nyob hauv cov nyiaj tau los <i>Do you receive food share, energy assistance or income-based housing</i>	<input type="checkbox"/> Txais lawm Yes <input type="checkbox"/> Tsis Tau Txais No		<input type="checkbox"/> Txais lawm Yes <input type="checkbox"/> Tsis Tau Txais No	
Koj cev puas tau xeeb tub <i>Are you pregnant</i>	<input type="checkbox"/> Xeeb Yes <input type="checkbox"/> Tsis Xeeb No		<input type="checkbox"/> Xeeb Yes <input type="checkbox"/> Tsis Xeeb No	
Koj puas muaj kev xav tias yog neeg xiam oob qhab los ntawm Lub Tsev Sai Xyuas Kev Ruaj Ntseg Rau Zej Zog <i>Are you deemed disabled through the Social Security Administration</i>	<input type="checkbox"/> Muaj Yes <input type="checkbox"/> Tsis Muaj No		<input type="checkbox"/> Muaj Yes <input type="checkbox"/> Tsis Muaj No	

**Cov ntaub ntawv no tsis pub leej twg paub thiab yog los tshuaj xyuas koj qhov xwm txheej tam sim ntawd.
This information is confidential and is for review of your immediate situation.**

Kuv nkag siab tias kuv yuav tsum tshaj tawm cov kev hloov pauv rau kuv cov ntaub ntawv thov (xws li: kev sib yuav, kev sib nrauj, chaw nyob, nyiaj tau los, los sis kev ua hauj lwm) hauv 30 hnub. Kuv/Peb lees paub cov ntaub ntawv saum toj no yog lawm thiab yeem tso cai rau koj kom tau txais cov ntaub ntawv ntsig txog kuv qhov kev txiav txim siab. Kuv/Peb nkag siab tias tsis ua raws li daim ntawv thov ntawm txoj cai pab nyiaj txiag yuav ua rau tsis kam lees kuv daim ntawv thov los sis raug txiav tawm ntawm qhov kev pom zoo uas twb muaj lawm.

I understand that I am responsible to report any changes to my application information (ex: marriage, divorce, address, income, or employment) within 30 days. I/We certify the above information is correct and voluntarily authorize you to obtain information relative to my decision. I/We understand that failure to comply with the application requirements of the financial assistance policy may result in denial of my application or the termination of an existing approval.

Kos Npe
Signature

Tus lej Xaus Saus Kev Ruaj Ntseg
Social Security number

_____/_____/_____
Hnub tim kos npe (hli/hnub/xyoo)
Signature date (month/day/year)

Tus txij nkawm/Tus neeg thov kev pab nrog kos npe
Spouse/Co-applicant signature
(Yuav tsum tau kos npe thib ob rau cov niam txiv sib yuav txawm tias nyob sib nruag, khub txij nkawm nyob koom tsev los sis cov khub niam txiv tsis tau sib yuav nyob ua ke nrog me nyuam yaus.)
(A second signature is required for married couples even if living apart, domestic partnerships or unmarried couples living together with a child in common.)

Tus lej Xaus Saus Kev Ruaj Ntseg
Social Security number

_____/_____/_____
Hnub tim kos npe (hli/hnub/xyoo)
Signature date (month/day/year)