



Dear Patient,

Medical bills may be difficult to pay. Patients who are unable to pay for all or part of their health care services, may qualify for partial or full financial assistance. A program that is provided by Brodstone Healthcare. If you do not qualify for Federal or State medical assistance programs, please complete the enclosed financial assistance application and return with all of the required information.

In order for your application to be processed, you must provide:

- **Information about your family**
Fill in the number of family members in your household (this includes people related by birth, marriage or adoption who live together)
- **Information about your family's gross monthly income (before taxes and deductions)**
- **Attach additional information, if needed**
- **Sign and date financial assistance form**

Income Source:

- **Recent tax return for ALL family members**
- **Proof of income for patient, spouse, and/or all parents of a minor child, copy of last 2 months of payroll stubs, a copy of an unemployment check, a copy of a disability check, a copy of social security award letter and/or copy of a pension letter.**
- **A copy of one bank statement**
- **A letter of explanation for any documentation you are unable to obtain.**

If you need help filling out the application, please contact our social services department at 402-207-1530.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 30 days of receiving a complete financial assistance application, including documentation of income.

Please submit your application within 2 weeks of receiving this letter. You can drop your application off at Brodstone Family Medical Center – Superior or Brodstone Healthcare business office or mail to: Brodstone Healthcare, PO Box 187, Superior, NE 68978.

Sincerely,

Patient Accounts
402-879-4432 ext. 5110

BRODSTONE HEALTHCARE, BRODSTONE FAMILY MEDICAL CENTER - SUPERIOR, BRODSTONE FAMILY MEDICAL CENTER - NELSON, AND BRODSTONE FAMILY MEDICAL CENTER - EDGAR ("BRODSTONE")



SLIDING FEE DISCOUNT APPLICATION

It is the policy of Brodstone to provide essential services regardless of the patient’s ability to pay. Brodstone offers discounts based on family size and annual income.

Please complete the following information and return to an admissions clerk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at Brodstone, but not 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 6 months or as your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	



Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
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, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)
Name (Signature)
Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist:	Yes	No
Identification/Address: Driver's license, utility bill, employment ID		
Income: Prior year tax return, three most recent pay stubs, or other source		
Insurance: Insurance Cards		