



To complete the Grinnell Regional Medical Center Financial Assistance application you will need to complete three tasks;

- 1. Provide accurate information in the demographic information below
2. Provide the requested documents listed below
3. Remember to sign the 'Applicant Signature' line

Below is a list documents we will need to complete your Financial Assistance Application;

- Most recent federal tax return.
• Proof of medical premium assistance through Marketplace Exchanges (if applicable).

If you do not file taxes, please provide the following information;

- Proof of state or federal assistance (Medicaid card, food assistance card, energy assistance award letter, disability check stubs, etc.).
• Most recent W-2s for all working family members within the home (if applicable)
• Most recent bank statements – all checking and savings accounts.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ # of People in Household: \_\_\_\_\_

List other persons living in the household claimed on your taxes:

Table with 4 columns: Name, Relationship, Date of Birth, Insurance. Contains 5 empty rows for data entry.

1. Have you applied for Medicaid? Yes No

4. Did you receive premium assistance for your medical insurance? Yes No

2. Are you covered by Medicaid? Yes No

5. If yes to #4, how much did you receive?

3. If yes, effective date: \_\_\_\_\_ (please bring proof of assistance)

Other Comments: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Approved By: \_\_\_\_\_

Percent Discount: \_\_\_\_\_ Initials: \_\_\_\_\_

For questions on your application, please contact; Director, Revenue Cycle at 641-236-2919 or Billing Coordinator at 641-236-2483

Return the form to: Grinnell Regional Medical Center 210 Fourth Avenue Grinnell, Iowa 50112 Attn: Patient Accounting

Financial Assistance Application