

MAGACA:

NAME:

(kowaad)
(first)

(dhexe)
(middle)

(dambe)
(last)

CINWAANKA:

ADDRESS:

(nambarka iyo waddada)
(number and street)

(magaalada)
(city)

(gobolka)
(state)

(zip)
(zip)

TELEFOONKA:

TELEPHONE:

(guriga)
(home)

(gacanta)
(cell)

(taariikhda dhalashada)
(date of birth)

LOO SHAQEYAHA

EMPLOYER:

SHAQADA:

OCCUPATION:

TAARIKHDA LA QORAY:

DATE OF HIRE:

TELEFOONKA LOO SHAQEYAHA:

EMPLOYER PHONE:

MACLUUMAADKA XAASKA: MAGACA

SPOUSE INFORMATION: NAME

(dambe)
(first)

(kowaad)
(middle)

(dhexe)
(last)

LOO SHAQEYAHA XAASKA:

SPOUSE EMPLOYER:

SHAQADA:

OCCUPATION:

TAARIKHDA LA QORAY:

DATE OF HIRE:

TELEFOONKA LOO SHAQEYAHA:

EMPLOYER PHONE:

MA GUDBISAY CANSHUUR SANNADKII LA SOO DHAAFAY

DID YOU FILE TAXES LAST YEAR?

DAKHLIGA: Qor liiska dakhliga aad ka heshay Ballan Qaadaha iyo xaaska:

INCOME: List income from Guarantor and spouse:

BIL KASTA

Monthly

Mushaarka

Wages

Beerta ama Qofka Iskiisa u Shaqeysto

(waa in lagu daro canshuur celintii ugu dambeysay)

Farm or Self-Employment

(must include most recent tax return)

Kaalmada Dadweynaha

Public Assistance

Soshal Sekuriti

Social Security

Magta Shaqo La'aanta

Unemployment Compensation

Magta Shaqaalaha

Worker's Compensation

Kaalmada La Siiyo Xaaska

Alimony

Masaruufka Cunugga

Child Support

Xaqa

Pensions

Dakhliga Kirada

Rental Income

KUWA LA MASARUUFO:

DEPENDENTS:

MAGACA

NAME

XARIIRKA

RELATIONSHIP

DA'DA

AGE

Waxaan ku adkeysanaa in macluumaadka kor ku qoran yahiin run iyo sax ilaa inta aan ogsoonahay.

Waxaan kaloo u fasaxay Carris Health in ay xaqiijiso macluumaadka kor ku qoran.

I affirm that the above information is true and correct to the best of my knowledge. I also authorize Carris Health to verify any information listed above.

Saxiixa Ballan Qaadaha

Guarantor Signature

Saxiixa Xaaska

Spouse Signature

Taariikhda

Date

KAALMADA MAALIYADDA BUKAANKA

Barnaamijka Kaalmada Maaliyadda Carris Health (Carris Health Financial Assistance Program) waxaa loo sameeyay in lagu kaalmeeyo bukaanka aan awood u lahayn in ay iska bixiyaan adeegyada la siiyo. Haddii bukaanka la kulmaan tilmaamaha, waxaa dhici karto in la bixiyo wadarta kharashka ama qeyb ka tirsan kharashka. Si lagu siiyo kaalmo, fadlan buuxi dhinaca dambe warqadaan kaddibna soo celi adiga oo soo raaciya macluumaadka lagaa codsaday.

Si Carris Health uga shaqeyso arjigaada, fadlan raac tilmaamaha hoose.

- Isticmaal nambarda dakhliga guud sida dakhliga xaaska haddii aad guursatay.
- Haddii **AADAN** lahayn ceymis, **WAA** in aad kaalmada caafimaadka ka dalbatid dagmada aad daggan tahay ka hor inta aadan xaq u yeelanin. **WAA** in aad foomkaan ku soo lifaaqdid koobiga diidmada kaalmada caafimaadka.
- **Fadlan keen caddeyn ku saabsan dakhliga - Haddii aad gudbisid canshuurta, waxaa lagaa rabaa in aad keentid bogga 1aad canshuur celintaada ugu dambaysay (taasoo muujisaa dakhliga guud ee leysku celceliyay) **AMA**, haddii aadan gudbinin canshuurta, 4tii mushaar ugu dambaysay. Haddii aad qaadatid Soshal Sekuriti ama haddii aad qaadatid manaafacaadka shaqo la'aanta, fadlan soo raaci bayaanka bankiga, taasoo muujisa lacagta lagu shubo bil/todobaad kasta ama warqadda laguugu siiyay Soshal Sekuriti.**
- Fadlan, waxaad macluumaadka lagaa codsaday ku soo celisaa bakhshadda lagu soo diray, kuna soo dir boostada cinwaanka Carris Health, 301 Becker Avenue, SW, Willmar, MN 56201.
- Haddii aad xaq u yeelatid, waxaan kuu soo diri doonaa warqad muddo labo todoabad kaddib marka aad heshid arjigaada.

Aniga waxaan halkaan ku codsanaa in Carris Health ay go'aan qoran ka gaarto xaq u yeelashadeyda kaalmada maaliyadda. Waxaan fahamsanahay in macluumaadka, aan soo gudbiyo ee ku saabsan dakhligeyga sannadka iyo tirada qoyska, ay xaqiijin karto Carris Health. Waxaan kaloo fahamsanahay in haddii macluumaadka aan soo gudbiyo la ogaado in ay been yahiiin, go'aanka wuxuu noqon doonaa in la diido. Bukaanka iyo Ballan Qaadaha waxay mas'uul ka noqon doonaan kharashka ku baxa adeegyada la bixiyay. Hay'adda waxay bixin doontaa kaalmada maaliyadda, kharash la'aan, ama waxay ku soo dallici doontaa in ka yar kharashka loo ogol yahay adeegyada. Waa in sahan lagu sameeyo lagana sal gaaro dhamaan bixiyeyaasha kharashka dhinacyada saddaxaad ka hor inta aan go'aan laga gaarin xaaladda kaalmada maaliyadda.

HADDII AAD QABTID SU'AALO FADLAN LA XARIIR:

Carris Health, Patient Financial Advocates:
320-231-4371, 320-231-4288 ma TELEFOONKA LACAG LA'AANTA 1-866-601-0527



PATIENT FINANCIAL ASSISTANCE

Carris Health Financial Assistance Program was established to assist patients who do not have the ability to pay for services received. If patients meet the guidelines, the total bill or a portion of the charges may be covered. To be considered for assistance, please fill out the reverse side of this letter and return with the requested information.

In order for Carris Health to process your application, please follow the instructions below.

- Use gross income figures including spousal income if you are married.
- If you have **NO** insurance, you **MUST** apply for medical assistance through your county of residence before you can qualify. You **MUST** also attach a copy of any medical assistance denial with this form.
- **Please provide proof of income – If you file taxes you are required to provide the 1st page of your most recent tax return (showing adjusted gross income) OR, if you do not file taxes, your last 4 pay stubs. If you receive Social Security or are receiving unemployment, please include bank statements showing monthly/weekly deposit or Social Security award letter.**
- Please return the requested information in the envelope provided, or mail to Carris Health, 301 Becker Avenue SW, Willmar, MN 56201.
- If you qualify, we will notify you by mail within two weeks of receiving your application.

I hereby request that Carris Health make a written determination of my eligibility for patient financial assistance. I understand that the information, which I submit concerning my annual income and family size, is subject to verification by Carris Health. I also understand that if the information which I submit is determined to be false, such a determination will result in a denial. Patient or Guarantor will be liable for charges for services provided. The facility will provide financial assistance at no charge or at a specified charge less than the allowable credit for the services. All possible third party payors must be explored and finalized before financial assistance status is determined.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

Carris Health, Patient Financial Advocates:
320-231-4371, 320-231-4288 or Toll Free 1-866-601-0527