Fairview Home Care and Hospice Community Care Application

Complete and mail completed application along with a status of your Medical Assistance Application to:
Fairview Home Care and Hospice, Attn: Billing Dept., 2450 26th Avenue S., Minneapolis, MN 55406-1245
Phone: (612) 728-2330

PATIENT INFORMATION

Patient Name: _____ Customer ID #: _____

Dates of Service (received or expected): From _____ To _____

Address: _____
Street (Apt. #) City State Zip

Telephone: _____ Birth Date: _____ Male Female

Family Size (circle) 1 2 3 4 5 6 7 or more

FINANCIAL INFORMATION

Income Before Taxes (Most recent 12 Months)

Please list all household monthly income sources. Provide copies of your current 1040 Federal Income Tax form along with documentation of your current income: pay stub, unemployment, or social security.

Employers **Income From Each Employer**

1. _____ $ _____

2. _____ $ _____

Unemployment income: $ _____ Social Security: $ _____

Pension/Retirement: $ _____ Child Support: $ _____

County/Government: $ _____ Other: $ _____

ASSETS (What you own)

Cash/Bank Balances: **Savings and Investments:**

Checking account(s) $ _____ 1. _____ $ _____

Savings account(s) $ _____ 2. _____ $ _____

Sole proprietor of secondary property equity value (value of property, not including your primary home or residence):

$ _____ $ _____

INSURANCE INFORMATION

List all health insurance plans that cover you and include policy numbers:

Plan: _____ Policy: _____

Plan: _____ Policy: _____

Indicate if you have completed a Medical Assistance form, the date it was submitted, and the name of assigned financial worker, if any. **Attach a copy of the Medical Assistance coverage or denial.**

Yes, I have applied. Date Submitted: _____
Financial Worker's Name: _____
No, I have not applied.

I certify that the information provided is true and correct to the best of my knowledge and belief and that any false representations of misinformation can be cause to invalidate any discounts allowed by the facility. All persons applying over the age of 18 must sign and date below.

Signature: _____ **Date:** _____

FAIRVIEW

Revised: 04/09/2009