Date: _____

Patient Account #: _____

Financial Assistance Program – Imaging for a Cause
ONLY for patients seen at Alomere Health Hospital

What We know
According to our records you have received services through RAYUS Radiology, formerly CDI, in partnership with Alomere Health and your account has an outstanding balance. Through our partnership with Alomere Health you may be eligible for financial assistance.

What We Are Doing
RAYUS Radiology may provide a reasonable amount of services without charge or at a reduced charge to those who cannot afford to pay for needed medical care.

How Do I Qualify for Financial Assistance?
- Eligibility is determined by comparing family income to guidelines established by Alomere Health.

How Do I Apply for Financial Assistance?
- If you believe that you or your family member may be eligible for Financial Assistance and wish to request it, an application form should be completed.

What You Can Do
Fill out the attached form and provide the documents requested to:

Email	Fax	Mail
customerservice@RAYUSRadiology.com	(952)905-5645	RAYUS Radiology Attn: Customer Service Dept 5775 Wayzata Blvd. Suite 400 St Louis Park, MN 55416

For additional information, please contact our business office at 866-225-6265.

RAYUS Radiology Financial Assistance Application

I hereby request that RAYUS Radiology make a determination of eligibility for financial assistance at RAYUS Radiology. I understand that the information which I submit concerning my income, family size and assets is subject to verification by RAYUS Radiology. I also understand that if the information I submit is determined to be false or misleading, or if I omit relevant information requested, such a determination will result in a denial of Financial Assistance under this program; I will be liable for all charges for the services provided.

ALOMERE HEALTH
COMMUNITY UNCOMPENSATED CARE PROGRAM

WHAT IS THE COMMUNITY UNCOMPENSATED CARE PROGRAM?

Alomere Health has elected to provide a reasonable amount of services without charge or at reduced charges to people who cannot afford to pay for needed care. Under this program, the hospital elects to provide services without charge or reduced charges to eligible persons. These services include any inpatient or outpatient services routinely provided by the hospital.

HOW DO I QUALIFY FOR UNCOMPENSATED SERVICES?

Eligibility is determined by comparing family income and assets to guidelines established by the Hospital Governing Board. You must meet both income and asset requirements to qualify.

CAN I GET UNCOMPENSATED CARE SERVICES?

You may receive uncompensated services if you:

- Have made a reasonable attempt to apply for Medical Assistance within the program time constraints,
- Have net assets that are not more than the asset limits established by the Hospital Board,
- Have income that is not more than the income limits established by the Hospital Board,
- Transfer any medical insurance benefits that apply to the hospital services provided
- Services are medically necessary

HOW DO I APPLY FOR UNCOMPENSATED CARE?

If a person thinks that he or she or a family member may be eligible for uncompensated services and wishes to request it, he or she should make a request to the Account Services Department. Verification of eligibility will be required. Alomere Health will provide covered services without charge or reduced charge to all eligible persons who request uncompensated services at least until its budget for these services is exhausted.

The Hospital Board reserves the final right to approve or deny any application for uncompensated services.

FOR MORE INFORMATION

This information can help you decide if you wish to apply for Alomere Health Community Uncompensated Services. This does not cover all of the program rules. We will need all the facts about your situation before they can determine if you are eligible. For more information about Community Uncompensated Services, contact RAYUS Radiology's billing office at 866-225-6265 or via email at customerservice@RAYUSRadiology.com

"Alomere Health and all of its services comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alomere Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex."

COMMUNITY UNCOMPENSATED CARE APPLICATION

I hereby request that RAYUS Radiology in partnership with Alomere Health make a determination of eligibility for uncompensated services at Alomere Health, Alexandria Clinic, Heartland Orthopedic Specialists or Lakes ENT.

Patient Name_____Spouse /Parent if Minor_____

Date of Birth_____Guarantor # if Available _____

Address: _____

City, State, Zip_____

Telephone (Home):_____(Work): _____(Cell)_____

INCOME: Income is the total of all family cash receipts **before taxes** from all sources including wages, salaries, unemployment, social security, alimony, public assistance, etc. It includes receipts from self-employment, farm or business after tax-deductible business-related expenses.

Family	100%		80%		60%		40%		20%	
Size	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	31,300	2,609	33,256	2,772	35,213	2,935	37,169	3,098	39,125	3,261
2	42,300	3,525	44,944	3,746	47,588	3,966	50,231	4,186	52,875	4,407
3	53,300	4,442	56,631	4,720	59,963	4,997	63,294	5,275	66,625	5,553
4	64,300	5,359	68,319	5,694	72,338	6,029	76,356	6,364	80,375	6,698
5	75,300	6,275	80,006	6,668	84,713	7,060	89,419	7,452	94,125	7,844
6	86,300	7,192	91,694	7,642	97,088	8,091	102,481	8,541	107,875	8,990
7	97,300	8,109	103,381	8,616	109,463	9,122	115,544	9,629	121,625	10,136
8	108,300	9,025	115,069	9,590	121,838	10,154	128,606	10,718	135,375	11,282

***For households with more than 8 members, add $917/mo or $11,000/year for each additional member.**

PROOF OF INCOME MUST BE INCLUDED OR APPLICATION WILL BE DENIED

	Last 3 completed calendar months	Previous Year/Federal 1040 & W2 Forms
Wages before taxes		
Self-Employment Fed 1040 &Sched C		
Farm Income Fed 1040 & Sched F		
Public Assistance		
Social Security before deductions		
Unemployment/Workers Comp		
Alimony/Child Support		
Military Family Allotments		
Pensions		
Income from interest, dividends or rent Or any Other:		
Total		

Family Size: _____Family Members Names _____

OVER

What are the asset limits for uncompensated care?

Assets are what you own including cash, savings or non-homestead property. A person living alone may own $12,000 in assets. A married couple or family may own $28,000 in assets.

Assets that do not count are: Homestead property, prepaid burial fund up to $3,000, one motor vehicle, and business or farm assets used to support income stream. Asset value limits are net of what is owed against each asset.

	Yes/No	Value	Amount Owed	Owners Name
Cash				
Bank Accounts				
Life Ins/Cash Value				
Stocks/Bonds				
Burial Funds				
Motor Vehicle list make and year *if more than one*				
Non-Homestead Property				
Boat/Motorcycle, Camper,				
Other				
Total Value (net)				

If you are seeking uncompensated care for services already rendered by Alomere Health, please list the place of service and approximate dates if you have available.

_____

If you are seeking an eligibility determination for services not yet rendered, please indicate the type of service sought and approximate date service is to be rendered _____

I understand that the information I have submitted is subject to verification by the Alomere Health and

subject to final review and determination by the Alomere Health Board and others as required. By signing this application, I am declaring under the penalties of perjury that this application has been examined by me and to the best of my knowledge is a true and correct statement of every material point. I also understand that if the information I submit is determined to be false or misleading, or if I omit relevant information requested, such a determination will result in a denial of benefits under the Uncompensated Care Program, and I will be liable for all charges for the services provided.

Signed _____Date _____

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