

**WISHEK HOSPITAL CLINIC ASSOCIATION**  
**1007 4<sup>th</sup> Ave S**  
**PO Box 647**  
**Wishek, ND 58495**  
**701-452-2326 or 800-492-2364**

**Uncompensated Care Income and Expense Application**

**CONFIDENTIAL**

Guarantor Name \_\_\_\_\_ Account # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Dependents</b>		
<b>Name</b>	<b>Birth Date</b>	<b>Relationship</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

<b>Monthly Family Income</b>	
Patient employment	\$ _____
Spouse's employment	_____
Retirement income	_____
Dividends, interest	_____
Alimony	_____
Child Support	_____
Workers Compensation	_____
Social Security	_____
Unemployment	_____
Public Assistance	_____
Rental land/buildings	_____
Other (specify)	_____
Other (specify)	_____
<b>Total Income</b>	<b>\$ _____ A</b>

**NOTE: Attach copies of income verification for the past 3 months**  
**Attach a copy of your most recent income tax return**

**Comments (will be kept confidential):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**What amount monthly do you feel you can afford to pay us?** \_\_\_\_\_

I/We hereby acknowledge that the information provided to Wishek Hospital Clinic Association on this Uncompensated Care application is true and correct, and authorize the release of information from financial institutions, creditors, and employers to Wishek Hospital Clinic Association for the purpose of verifying the accuracy of information provided in this application.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# WISHEK HOSPITAL CLINIC ASSOCIATION FY 2014 HHS POVERTY GUIDELINES

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	125%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$11,670	\$12,837	\$14,588	\$15,171	\$16,338	\$17,505	\$18,672	\$19,839	\$21,006	\$22,173	\$23,340	\$23,341
2	\$15,730	\$17,303	\$19,663	\$20,449	\$22,022	\$23,595	\$25,168	\$26,741	\$28,314	\$29,887	\$31,460	\$31,461
3	\$19,790	\$21,769	\$24,738	\$25,727	\$27,706	\$29,685	\$31,664	\$33,643	\$35,622	\$37,601	\$39,580	\$39,581
4	\$23,850	\$26,235	\$29,813	\$31,005	\$33,390	\$35,775	\$38,160	\$40,545	\$42,930	\$45,315	\$47,700	\$47,701
5	\$27,910	\$30,701	\$34,888	\$36,283	\$39,074	\$41,865	\$44,656	\$47,447	\$50,238	\$53,029	\$55,820	\$55,821
6	\$31,970	\$35,167	\$39,963	\$41,561	\$44,758	\$47,955	\$51,152	\$54,349	\$57,546	\$60,743	\$63,940	\$63,941
7	\$36,030	\$39,663	\$45,038	\$46,839	\$50,442	\$54,045	\$57,648	\$61,251	\$64,854	\$68,457	\$72,060	\$72,061
8	\$40,090	\$44,099	\$50,113	\$52,117	\$56,126	\$60,135	\$64,144	\$68,153	\$72,162	\$76,171	\$80,180	\$80,181

**For families with more than 8 people, add \$4600 for each additional person.**

Wishek Hospital Clinic Association bases our Uncompensated Care adjustments according to the current Federal Poverty Guidelines.

*This institution is an equal opportunity provider and employer.*