
Financial Assistance Application Information

Duluth Family Medicine Clinic (DFMC) has a Financial Assistance Program that may help you with your medical bills.

When you fill out the application, it will help us see if you are eligible for free or discounted care.

Return your completed, signed application and any supporting documents to:

Duluth Family Medicine Clinic
330 N 8th Ave E
Duluth, MN 55805

Or fax your paperwork to 218-529-9120:

Please make sure your completed application, along with all required documentation, is submitted within 30 days from the date this application was sent to you.

Kindly note, your account will continue to age while we wait for your completed application. We will place a courtesy hold on your account during the review process once we have your completed application.

If you currently have a payment plan in place, it will remain active through this application process. We kindly ask you to continue to make your payments.

We're here to help

It is our practice to help patients complete the financial application. This includes where barriers are identified. If you have any questions or need help filling out the form, please call 218-723-1112

Documentation is required for **all** wage earners contributing to your household. This includes:

Federal Tax Return

- Current filing year federal tax return Form 1040. Please include any related tax schedules such as forms 1, C, E, F.
- If you were claimed as a dependent on someone else's tax return for the current filing year, you must include that tax return.

Income

- Your last 2 full months (60 days) of employment pay stubs.
- Social Security Income
- Unemployment, Workers' Compensation, or Disability payments
- Spousal Maintenance Income and/or Child Support Income
- Pension, Annuity, VA benefit payments
- Tribal income, rental income, interest income, dividends, or royalties
- No Income. Please include a letter that explains how you support yourself.**

Assets

- 2 most recent months of statements for all accounts including savings, checking, HSA, HRA, FSA, and mobile payment apps.
- Include all **unaltered pages**, including blank pages, with an **explanation of all deposits**. Proof of Residency
- Most recent mortgage statement, utility bill, or current lease showing start and end dates.



Duluth Family
Medicine Clinic

Financial Assistance Application

Complete all the fields. This will ensure your application is processed in a timely manner.

Enter **n/a (not applicable)** if a field does not apply to you.

Check each box for where you have medical bills from:

- Duluth Family Medicine Clinic
- Other _____

Applicant Name: _____ Date of birth: _____

Phone number: _____ Guarantor number: _____

Address: _____ City: _____

County: _____ State: _____ Zip code: _____

Please list all household members. This includes yourself, spouse and dependents.

First and Last Name	Date of birth	Relationship to you	Does this person have Medical Assistance?

Do you have health insurance? **Yes** **No**

- You will need to apply for your state's Medicaid program if you do not have health insurance or if your family is within the Medicaid income guidelines. Note, Medicaid is also known as Medical Assistance (MA)
- **You will need to include your Medicaid approval or denial letter. Or proof from the county of your Medicaid application submission.**

I hereby request that Duluth Family Medicine Clinic determine my eligibility for the Duluth Family Medicine Clinic Financial Assistance Program. I acknowledge that the information provided in the application is true and correct. I understand that the information that I submit will be subject to verification by DFMC as an audited program. If any information is determined to be false, it will result in a denial of the financial assistance program. Failure to fully complete this application and provide supporting documents may result in denial of this application.

Applicant's signature: _____ Date: _____

Financial Assistance Check List:

- I have completed all fields on this Financial Assistance application.
- I have signed and dated my completed application.
- I have included all the required documents or a letter explaining why I am not able to submit the required documents.
- I understand my application can be denied if any required information is missing.