Kittson Healthcare

1010 S. Birch Ave.

Hallock, MN 56728

218-843-3612

Community Care Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Patient)

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guarantor/Responsible Party)

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guarantor/Responsible Party)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Income:**

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self-employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied for Minnesota Medical Assistance or MN Care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in more information or assistance in applying for MN Medical Assistance? \_\_\_\_\_\_\_\_\_

Approximate Net Monthly salary (take home pay) for the household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We also need a copy of the following documents:

* Your most recent IRS Tax return forms
* Two most recent pay stubs (if applicable)
* Copy of a valid driver’s license

I certify that the above information on this application is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Office Approval Date

Kittson Healthcare Community Care Policy

Attachment B

Providers That Operate Within Kittson Healthcare

Medical service expenses for a patient are generally categorized as either hospital, clinic, or provider fees. All hospital fees for emergency medical care and other medically necessary care, including clinical care are eligible for financial assistance under this policy

The following information is provided to assist the public in understanding which provider fees are eligible for financial assistance under this policy. If this information is unclear, you may contact Patient Financial Services (“Hospital”) by calling 1-800-843-6016 or 218-843-3612 for assistance.

Hospital defines “provider” as a physician or similarly credentialed individual. Providers do not include nurses, technicians, or therapists.

The following providers are not eligible for financial assistance under this policy. These providers are not eligible since the Hospital and Clinic do not bill for their Professional Fees.

* Michael Krueger, MD, Sanford Orthopedics, Sports Medicine
* Dr. Coralynn Kurtz, Alru Cardiology
* Heather Wadal, Sanford Dermatology
* Alluma, Mental Health Services
* Dr. Matthew Viscito, Unity Endoscopy
* Dr. Lessard, OBGYN
* Fees from Sanford Health for send-out EKG interpretation, Radiology, and Laboratory services

Any provider not listed above is eligible for financial assistance under this policy.

Last updated: August 15, 2024

Updated by Michelle Kuznia, Accounts Receivable