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 Orthopedis, Sports Medicine
- Dr. Coralynn Kurtz, Altru Cardiology
- Heather Waldal, 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

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

Last updated: January 26, 2026

Update approved by Crisa Mortenson, Business Office Manager

HALLOCK, MN 56728
www.kittsonhc.org
PHONE: 218-843-3612
TOLL-FREE: 800-843-6016

PUBLIC INFORMATION FOR COMMUNITY CARE

Kittson Healthcare may make available and provide, on request, uncompensated health care in a reasonable amount to persons who are unable to pay for these services including those medically indigent. These uncompensated services may be offered as follows:

1.Services will be provided for patients at Kittson Healthcare.
2.Low income patients with self-pay balances may apply for uncompensated care assistance.
3.Services eligible for uncompensated care are limited to those provided at Kittson Healthcare.
4.A written determination of approval or denial will be provided to the applicant after screening is completed.
5.If an application for uncompensated care is reviewed and approved, the patient should find appropriate healthcare coverage for future visits (Minnesota Medical Assistance, Minnesota Care, private insurance company). Uncompensated care is not an ongoing solution and should not be treated as such.

Although each application will be dealt with on an individual basis, the following Federal guidelines as to annual income will signify a starting point in the eligibility process:

100 % Poverty Guidelines = Charges reduced to zero
135% x Poverty Guidelines = 75% reduction in charges
185% x Poverty Guidelines = 50% reduction in charges
200% x Poverty Guidelines = 25% reduction in charges

FAMILY SIZE	POVERTY GUIDELINES	135%	185%	200%
1	$ 15,960.00	$ 21,546.00	$ 29,526.00	$ 31,920.00
2	$ 21,640.00	$ 29,214.00	$ 40,034.00	$ 43,280.00
3	$ 27,320.00	$ 36,882.00	$ 50,542.00	$ 54,640.00
4	$ 33,000.00	$ 44,550.00	$ 61,050.00	$ 66,000.00
5	$ 38,680.00	$ 52,218.00	$ 71,558.00	$ 77,360.00
6	$ 44,360.00	$ 59,886.00	$ 82,066.00	$ 88,720.00
7	$ 50,040.00	$ 67,554.00	$ 92,574.00	$ 100,080.00
8	$ 55,720.00	$ 75,222.00	$ 103,082.00	$ 111,440.00

IF INTERESTED, CONTACT MICHELLE KUZNIA, ACCOUNTS RECEIVABLE

Kittson Healthcare will notify the patient (or responsible party) by mail of the determination.

Updated 01/26/2026