UND UNIVERSITY OF NORTH DAKOTA
NORTHERN PRAIRIE COMMUNITY CLINIC

The University of North Dakota's Northern Prairie Community Clinic (UND NPCC) is committed to helping all our clients receive services regardless of financial status. We understand at times, families will need financial assistance and have created the following Financial Assistance Application.

Instructions: Complete the application and attach copies of

- Most recent tax returns and supporting documents showing your adjusted gross income
- Any additional documents requested by NPCC based on the unique client situation

Disclosure: UND NPCC will keep all information collected as part of the application confidential. Only the parties necessary to determining if the client qualifies will have access and review of the documents.

Please return all documents to UND NPCC registration desk. The registration will then turn the application over to the Billing Specialist who will secure a signature from a clinic director. The Billing Specialist will be in contact with the Client/Client Representative with the final decision within 30 days from when the application is submitted.

If there are extenuating circumstances, the application may need to be reviewed by the clinic directors' council prior to approval. This information will be clearly communicated to the client by the Billing Specialist.

For Office Use Only:

Date Received by Registration: _____ Date Reviewed: _____

Final Determination: _____

NPCC Director Signature: _____

Date Client Notified: _____ Billing Specialist Initials: _____

UNIVERSITY OF NORTH DAKOTA
NORTHERN PRAIRIE COMMUNITY CLINIC

Financial Assistance Application

Patient Name (First Middle Last): _____

Birth Date: _____

Chart Number: _____

Applicant Name (First Middle Last):	Services:

I have applied for, or will apply for, federal or state medical assistance or have verified my healthcare exchange plan eligibility. Yes ____ No ____ Reason_____
I have a lawsuit, settlement, personal injury, or liability claim pending. Yes ____ No ____ Reason_____
I have the availability of insurance through my employer or my spouse's employer. Yes ____ No ____ Reason_____

Patient/Responsible Party

Name (First Middle Last):		Social Security Number:		Birth Date (MM-DD-YYYY)
Address		City	State	Zip Code
Phone	Household size (All who reside in the house)	Marital Status		
Employment Status ____ Full Time ____ Part Time ____Self Employed ____Unemployed ____Student		Employer Name		
Employment Length	Unemployed Date/ Length	Are you claimed on another tax return? ____ Yes ____No (If yes, provide tax returns of those being claimed)		

Spouse/Partner

Name (First Middle Last):	Social Security Number:	Birth Date (MM-DD-YYYY)
Employment Status ____ Full Time ____ Part Time ____Self Employed ____Unemployed ____Student	Employer Name	
Employment Length	Unemployed Date/ Length	

Dependents (If more than 4 dependents use a separate page)

Full Name	Relationship	Birth Date (mm-dd-yyyy)

Updated 9/17/19

Financial Assistance Application

(Continued)

Patient Name (First Middle Last):
_____

Birth Date: _____

Chart Number: _____

Insurance (Please list all active insurance for the dates of service affected under this application to ensure we have exhausted all insurance options.)

Insurance	**ID#**	**Effective dates**
Primary:		
Secondary:		
Tertiary:		
Other:		

Certification Signatures

I certify that all information listed is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to pay for services provided by the Northern Prairie Community Clinic and I give my persmission for the Nothern Prairie Community Clinic to use this information to establish my financial assistance need. I hereby grant permission to the Northern Prairie Community Clinic and its representatives to investigate the information contained herein.

Patient/Responsible Party Signature	Date (mm-dd-yyyy)
Patient/Responsible Party Printed Name (First Middle Last)	
Spouse/Partner Signature	Date (mm-dd-yyyy)
Spouse/Partner Printed Name (First Middle Last)	

Updated 9/17/19