



Financial Assistance Application Instructions

First Care Health Center provides financial assistance and counseling to those who meet set criteria, for uninsured and underinsured people of limited means, without regard to race, ethnicity, gender identity, sexual preference, gender, religion or national origin. Financial assistance includes, but is not limited to, full or partial write off or reduced monthly payments. Information may be obtained by calling our business office at 701.284.7500.

The Financial Assistance Application must be completed, signed and returned with all required documents to help us determine the level of availability of financial assistance.

Extraordinary collection actions, including forwarding balance to a collection agency, reporting to credit bureaus and legal action may occur if the outstanding balance is not resolved.

Required Documentation:

A copy of your most recent tax return.

A copy of your paystubs or bank statements from the past three (3) months.

Family Income:

Amounts listed in this section of the application should include applicants and spouse/significant other's monthly net income. Income includes earnings, unemployment compensation, workers compensation, Social Security, Supplemental Security Income, public assistance, veteran's payments survivor benefits, pension or retirement income, interest dividends, rents, royalties, income from estates, trust, education assistance, alimony, child support, assistance from outside the household and other miscellaneous sources. It does not include non-cash benefits (such as food stamps and housing subsidies) or capital gains and losses.

Net Income = Gross Income less taxes.

Signature:

The application process is incomplete unless signed by both you and your spouse/significant other.

Mailing Address:

Please mail application and all supporting documents to:

First Care Health Center
PO Box I
Park River, ND 58270



2023 Discount Schedule: (Based on 2023 Federal Poverty Income Guidelines)

Family Size	Less Than/ Equal To	Greater Than	Less Than/ Equal To	Greater Than	Less Than/ Equal To	Greater Than	Less Than/ Equal To
1	\$14,580	\$14,580	\$24,786	\$24,786	\$29,160	\$29,160	\$43,740
2	19,720	19,720	33,524	33,524	39,440	39,440	59,160
3	24,860	24,860	42,262	42,262	49,720	49,720	74,580
4	30,000	30,000	51,000	51,000	60,000	60,000	90,000
5	35,140	35,140	59,738	59,738	70,280	70,280	105,420
6	40,280	40,280	68,476	68,476	80,560	80,560	120,840
7	45,420	45,420	77,214	77,214	90,840	90,840	136,260
8	50,560	50,560	85,952	85,952	101,120	101,120	151,680
Each Additional Family Member	Add \$5,140						
% of Poverty Level	100%	170%	200%	300%			
Financial Aid Discount	100%	70%	45%	22%			
Patient Share	0%	30%	55%	78%			