



Prairie Lakes Healthcare System is committed to providing health care to all people of our area who are in need of such services, without regard to their ability to pay.

Attached please find an application to see if you would qualify for financial assistance on your outstanding accounts at Prairie Lakes Healthcare. This is an internal program, to help with unexpected financial burdens, based on assets, income and expenses. This application and policy are also located on our website at [www.prairielakes.com](http://www.prairielakes.com).

In order for your application to be processed upon receipt, please provide all requested information with your application.

- Complete Federal Tax Return (most recent) including all schedules or IRS form 1722 confirming no return was filed.
- Copy of one month's current paycheck stubs for each income listed.
- Three months of complete current bank statements.
- Social Security Income Verification (if applicable).
- Unemployment verification (if applicable).

Your application will not be considered until we receive all supporting documentation.

If you have any questions, please contact us.  
Patient Account Specialists  
Lynette 605-882-7923 or Vicky 605-882-6707  
Office Hours: Monday – Friday 8-5

Prairie Lakes Healthcare  
P.O. Box 1210  
Watertown, SD 57201  
[www.prairielakes.com](http://www.prairielakes.com)



**FINANCIAL DISCLOSURE STATEMENT AND/OR CHARITY CARE APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Dependants \_\_\_\_\_

Patient Place of Employment \_\_\_\_\_

Spouse Place of Employment \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**MONTHLY INCOME:**

Wages or Salary (gross) \$ \_\_\_\_\_

Income from Self Employment \$ \_\_\_\_\_

Income from Farm \$ \_\_\_\_\_

Social Security Income \$ \_\_\_\_\_

Unemployment Benefits \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other (please specify) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**CASH ASSETS:**

Checking Balance \$ \_\_\_\_\_

Savings Balance \$ \_\_\_\_\_

Other (CD'S, Bonds, Etc) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**NON CASH ASSETS:**

House Value \$ \_\_\_\_\_

Mobile Home Value \$ \_\_\_\_\_

Land Value \$ \_\_\_\_\_

Livestock Value \$ \_\_\_\_\_

Vehicle #1 \$ \_\_\_\_\_

Year and #2 \$ \_\_\_\_\_

Make #3 \$ \_\_\_\_\_

Boat / Jet Ski Value \$ \_\_\_\_\_

Camper Value \$ \_\_\_\_\_

Motorcycle / Snowmobile Value \$ \_\_\_\_\_

Other (describe) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**MONTHLY EXPENSES:**

Monthly Payment Unpaid Balance

House Payment/Rent \$ \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle Payment(s) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Bills \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Bank Loans \$ \_\_\_\_\_ \$ \_\_\_\_\_

Insurance Payments \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle Insurance \$ \_\_\_\_\_ \$ \_\_\_\_\_

Home Insurance \$ \_\_\_\_\_ \$ \_\_\_\_\_

Utilities (electric, gas, \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

garbage, water) \_\_\_\_\_

Internet \$ \_\_\_\_\_ \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_ \$ \_\_\_\_\_

Home Phone \$ \_\_\_\_\_ \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_ \$ \_\_\_\_\_

Car Expense (repair and gas) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Dining Out Expense \$ \_\_\_\_\_ \$ \_\_\_\_\_

Grocery/Personal Items \$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Medication \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Medical Bills \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ \$ \_\_\_\_\_

Daycare \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other (not covered above) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_ \$ \_\_\_\_\_

**\*\*\*\*ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN INCLUDING ALL SCHEDULES, A COPY OF ONE MONTH CURRENT PAYSTUBS FOR EACH INCOME LISTED, AND 3 MONTHS COMPLETE CURRENT BANK STATEMENTS\*\*\*\***

I authorize Prairie Lakes Healthcare to verify any information given on this application. I understand that if asked, I will submit other documentation such as pay check stubs, Social Security Income, unemployment verification, or personal property tax receipts. By signing below I agree the information given is complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_