



Application and Disclaimer
 MSupport Financial Assistance Program
 3621 S. State St.
 Ann Arbor, MI 48108
 (855-853-5380)

Date: _____

Phone Number: _____

Patient Information		
First Name(s)	Last Name(s)	Date(s) of Birth

Thank you for your interest in our MSupport financial assistance program. Enclosed is the application and disclaimer form. The following information is a check list of documents needed from you. If married, be sure to include documents for your spouse.

	Required Documents
	Most recent Federal Income Tax – Form 1040 pages 1 & 2 ONLY (include W2’s or 1099’s) <ul style="list-style-type: none"> • If claimed on another’s taxes, send that person’s tax information
	Recent copy of pay-stub(s) with year-to-date earnings
	Other income documents such as: <ul style="list-style-type: none"> • Social Security income • Child support • Alimony
	Current bank statement(s) for checking and savings accounts (if married, joint and separate accounts)
	Copy of your ID (driver’s license, state or military ID)
	Retirement statements (IRA/401K/Pension)

To return your application and documents:

- Scan and email the information to RVC-Msupport-Coordinators@med.umich.edu
- Mail them in the postage paid envelope that is enclosed
- You may fax the information to **734-998-0026**

For questions, you can reach your MSupport coordinators at 855-853-5380.

Thank you.



Application and Disclaimer
 MSupport Financial Assistance Program
 3621 S. State St.
 Ann Arbor, MI 48108
 (855-853-5380)

Financial Information - *MUST PROVIDE VERIFICATION				
Monthly Income	Applicant:	Spouse:	Applicant:	Spouse:
*Employment	\$	\$	* Checking Account	*Checking Account
			<input type="checkbox"/> If none, check here	<input type="checkbox"/> If none, check here
			<input type="checkbox"/> If joint, check here	
*Social Security	\$	\$	*Balance	*Balance
			\$	\$
*Pensions/Annuities	\$	\$	*Savings Account	*Savings Account
			<input type="checkbox"/> If none, check here	<input type="checkbox"/> If none, check here
			<input type="checkbox"/> If joint, check here	
*Other Income	\$	\$	*Balance	*Balance
			\$	\$
*I.R.A. / 401k Balance	\$	\$		

Household information		
Household is defined by who is included on a single tax return.		
Name:	Relationship:	Age:



Application and Disclaimer
MSupport Financial Assistance Program
3621 S. State St.
Ann Arbor, MI 48108
(855-853-5380)

Disclaimer

We may obtain a credit report to verify the information above and per privacy laws, will not share this with outside parties. Your signature on this application indicates your knowledge of and approval for the use of this report and says that you are providing correct information about your earnings, finances, income, property and insurance coverage. If any of the information on your application changes, you are responsible for immediately updating your information with Michigan Medicine. Failure to report changes, or if there is fraud or abuse, Michigan Medicine can disqualify you from the MSupport program and hold you responsible for medical costs that were covered under MSupport.

We may place a lien interest on any future lawsuits, pending lawsuits, or reimbursement policies (i.e. AFLAC) for services related to the reimbursement that you receive while covered by MSupport.

***Please initial here to indicated that you have read and understand the disclaimer:** _____

Applicant or Legal Guardian Signature: _____ **Date:** _____

**** In order to process your application in a timely manner, please return as soon as possible. ****

This application will be used by Michigan Medicine staff to assist you with resolving your financial obligation. All information in the application will be kept confidential.

