

Application and Disclaimer

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

Date:		
Phone Number:		

atient 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. <u>If married, be sure to include documents for your spouse.</u>

Required Documents	
Most recent Federal Income Tax – Form 1040 pag or 1099's)	es 1 & 2 ONLY (include W2's
 If claimed on another's taxes, send that per 	rson's tax information
Recent copy of pay-stub(s) with year-to-date earns	ings
Other income documents such as:	
Social Security income	
Child support	
Alimony	
Current bank statement(s) for checking and savir and separate accounts)	ngs accounts (if married, joint
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.



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Monthly Income	Applicant:	Spouse:	Applicant:	Spouse:
*Employment	\$ \$	\$	* Checking Account	*Checking Account
			☐ If none, check here	☐ If none, check here
			☐ If joint, check here	
			*Balance	*Balance
*Social Security \$	\$	\$	\$	\$
*Pensions/Annuities \$	\$	\$	*Savings Account	*Savings Account
		☐ If none, check here	☐ If none, check here	
		□ If joint, check here		
			*Balance	*Balance
*Other Income \$	\$	\$	\$	\$
*I.R.A. / 401k Balance	\$	\$		

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



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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 information in the application will be kept confidential.	to assist you with resolving your financial obligation. All	



MICHIGAN MEDICINE If you speak a language other than English, language assistance services, free of charge, are available to you. Call our Interpreter Services office at 734-936-7021 and identify your language. If you would like information regarding your rights and responsibilities as a patient, please ask your Michigan Medicine care provider.

Si usted habla español tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-810-4719 y pida que le conecten con la oficina de los Servicios de Interpretación al 734-936-7021. Si desea usted obtener información con respecto a sus derechos y responsabilidades como paciente consulte, por favor, con su proveedor de atención médica de Michigan Medicine.

إذا كنت تتحدت اللغة العربية، فخدمات المساعدة اللغوية متوفرة مجاناً لك. أتصل على 9252-800-855 واطلب التواصل مع مكتب خدمات الترجمة التنفوية على الرقع 7021-936-734. إذا كنت ترغب في معلومات متعلقة بحقوقك و مسؤولياتك كمريض، يرجي أن تطلب من مقدمي رعايتك في "طب ميتشيجان."

如果您说普通话, 您可以获得语言协助的免费服务。 请打 877-810-4720, 请求连接到翻译服务 办公室(734-936-7021)。 如果您想获得关于病人权利和责任的资料,请向您的密西根医学部的 提供者咨询。

خده في دريلة بن المحتاف المحتام بعد المحتام المحتام المحتام المحتام المحتام (Assyrian). من وحدثت رفعما محققت رم ، محتذبخ من محبخ رفعه تتماتم بالتحقيم رفعه مية محتم يحمد بخونك رفعيك وفاسلم وفاسلم جُمة مي محنية كم ديلجه به Michigan Medicine وبُمحِهُ ...

Nếu ban nói tiếng Việt, chúng tội có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho ban. Hẫy gọi đến số 844-590-8944, và yêu cầu được kết nối với văn phòng Dịch Vu Thông Dịch theo số 734-936-7021. Nếu ban muốn thông tin về quyền và trách nhiệm của mình với tư cách là bệnh nhân, vui lòng hội bác sĩ chăm sóc Michigan Medicine của ban.

Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore pa pagesë. Telefononi numrin 844-562-3982 dhe kërkoni që t'iu lidhin me zyrën e shërbimeye të përkthimit në numrin 734-936-7021. Nëse dëshironi informacion në lidhje me të drejtat dhe përgjegjësitë tuaja si pacient, ju lutemi, kërkojani ofruesit të kujdesit shëndetësor të "Michigan Medicine".

한국어를 하시는 분들께 통역 서비스가 무료로 제공됩니다. 855-938-0571 로 전화하셔서, 통역 서비스 사무실 전화 번호인 734-936-7021 로 연결해주도록 요청하십시오. 환자로서의 권리와 책임에 관한 정보를 원하시면, 미시간 메디신 (Michigan Medicine) 의 의료진에게 문의하십시오.

আপনি **বাংলায়** কথা বললে, বিনামূল্যে দোভাষী পরিষেবা পাবেন। 734-936-7021 নম্বরে আমাদের দোভাষী পরিষেবার অফিসে ফোন করে আপনার ভাষার (Bengali) নাম বলুন। অংশগ্রহণকারী হিসাবে আপনার অধিকার ও কর্তব্যের সম্পর্কে জানতে চাইলে আমাদের মিশিগান মেডিসিন কেযার প্রোভাইডারের সঙ্গে

Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod nr 844-562-3986 i poproś o połączenie z biurem usług tłumaczeniowych pod nr 734-936-7021. W przypadku chęci uzyskania informacji dotyczących praw i obowiązków pacjenta zwróć się do dostawcy opieki zdrowotnej Michigan Medicine.

Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistenzdienste zur Verfügung. Rufen Sie 844-562-3984 an und lassen Sie sich mit dem Dolmetscherdienst unter der Rufnummer 734-936-7021 verbinden. Informationen über Ihre Rechte und Pflichten als Patient erhalten Sie über Ihren Gesundheitsdienstleister bei Michigan Medicine.

Se parla Italiano, avrà gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero 844-562-3985 e chieda di essere messo in contatto con l'ufficio per i servizi di interpretariato (Interpreter Services) al numero 734-936-7021. Se desidera informazioni sui suoi diritti e responsabilità come paziente, consulti il suo referente sanitario Michigan Medicine.

日本語をお話になる方は、無料で言語アシスタントサービスをご利用になれます。855-322-5032 に電話をかけ、通訳サービス課 734-936-7021 につなぐようお伝えください。患者として の権利と責任に関する情報をお望みの場合は、ミシガン・メディスンの医療提供者にお問い合 わせください。

Если Вы говорите **по-русски, у**слуги переводчиков будут предоставлены Вам бесплатно. Звоните по телефону 855-938-0572 и попросите, чтобы Вас соединили со службой переводчиков по телефону 734-936-7021. Если Вы хотите получить информацию о правах и обязанностях пациента. попросите об этом Вашего врача из системы Мичиганской Медицины.

Ako govorite hrvatski/srpski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte našu prevoditeljsku službu na broj 734-936-7021 i recite koji jezik govorite (Serbo-Croatian). Ako se želite informirati o svojim pravima i obvezama kao pacijenta, molimo Vas da se obratite pružatelju skrbi u

Kung nagsasalita ka ng Tagalog, may mga magagamit kang libreng serbisyo sa tulong sa wika. Tumawag sa tanggapan ng aming Mga Serbisyo ng Interpreter sa 734-936-7021 at tukuyin ang iyong wika (Tagalog). Kung gusto mong makakuha ng impormasyon tungkol sa iyong mga karapatan at responsibilidad bilang isang pasyente, mangyaring tumawag sa iyong provider ng pangangalaga sa Michigan Medicine.

Si vous parlez français, les services d'aide pour les langues sont à votre disposition et sont gratuits Appelez le 855-800-9253 et demandez à être mis en relation avec le bureau du Service des interprètes au 734-936-7021. Si vous souhaitez des informations concernant vos droits et responsabilités en tant que patient, veuillez les demander à votre professionnel de santé de Michigan Medicine.

ت می گنید، سرویس های دستیار زیان به صورت رایگان در اختیارتان قرار می گیرند. با شماره . 844-562-3983 تماس بگیرید و درخواست کنید به دفتر سرویس های ترجمه شفاهی به شماره 7021-936-734 وصل شوید. اگر می خواهید درباره حقوق و مسئولیت هایتان به عنوان بیمار اطلاعاتی داشته باشید، لطفاً با ارائه دهنده خدمات مرافیتی Michigan

अगर आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध होंगी। 734-936-7021 पर हमारे व्याख्याकार सेवा अधिकारी को कॉल करें और अपनी भाषा (Hindi) की पहचान करें। अगर मरीज़ के रूप में आपको अपने अधिकारों और ज़िम्मेदारियों के बारे में जानकारी चाहिए, तो कपया अपने मिशिग्रन चिकित्सा देखभाग पटाता से पछे।