



Essentia Health

MN Charity Additional Uninsured Discount Application

Essentia Health would be happy to consider your request. This is for an additional uninsured discount. It's for eligible services on or after 11/01/2023 at eligible Minnesota Essentia Health locations.

Please complete all fields below. Return this completed and signed application. Include your **current filing year's Federal Tax Return**. Send it to us by mail, email or through your MyChart account.

Essentia Health

Attention: Patient Financial Services

or

patientquestions@essentiahealth.org

402 E 1st St

Duluth, MN 55805

Applicant Name	Phone	Date of Birth	Guarantor Number
Address	City	State	Zip Code
Essentia Health Location(s)			

** Please visit the Essentia Health website for a list of eligible services and eligible Minnesota Essentia Health locations.*

Please note, you must revalidate your yearly gross income through this same process by April 1st every year. This is to make sure you continue to receive the additional discount for eligible services at eligible locations.

I/we hereby request that Essentia Health determine my eligibility for the Minnesota Additional Uninsured Discount Program. I acknowledge that the information provided in this application is true and correct. I understand that the information that I submit will be subject to verification by Essentia Health as an audited program. If it's determined to be false, it will result in a denial of the Additional Uninsured Discount Program. Failure to fully complete this application and provide supporting documents may result in denial of the application.

Applicant's Signature _____ Date _____

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- I have completed all fields on the Additional Uninsured Discount Application.
- I have signed and dated my completed application.
- I have included a copy of my current tax filing year's Federal Tax Return.
- I understand my application may be denied if the required information is missing.