

Financial Assistance Application

Patient's Personal Information

Medical Record Number: _____

Name: _____

Address: _____ County _____

Please indicate if one of the following apply: Non-Resident Homeless

Telephone: Home _____ Work _____

Marital Status: _____ Date of Birth: _____

Spouse/Legal Guardian's Name: _____

Diagnosis: _____ Doctor: _____

Applicant's Information (If other than patient):

Name: _____ Relation to patient: _____

Address: _____

Telephone: Home _____ Work _____

Patient

Spouse

Employer: _____

Occupation: _____

If you are presently unable to work due to medical conditions, when will you return to work? _____

Have you applied for Medicaid? _____ SSI? _____

If YES, state your Medicaid/SSI case worker's name: _____

Medicare # _____ Effective Date _____

Medicaid # _____ Effective Date _____

NOTE: If you were denied for Medicaid or SSI, attach denial letter to this application.

Is patient covered under any insurance, if so name of insurance and why visit not covered:

Dependents (as defined by IRS rules):

NAME	Social Security #	RELATION	AGE
1.			
2.			
3.			
4.			
5.			

Financial Statement

Income (Household)	Monthly Amount
Salary, Wages	_____
Social Security	_____
Other Retirement Income	_____
Disability	_____
AFDC	_____
Food Stamps	_____
Unemployment Income	_____
Veteran's Benefits	_____
Investment Income	_____
Rental Income	_____
Other Income (describe)	_____
Total Monthly Income	_____

Note: Attached documentation must support information provided.

When application is complete, email this form and the following to financial.assistance.program@mhg.com

- Last 3 months' bank statements
- Most recent signed Federal Income Tax Returns (if you do not file taxes, please indicate why)
- Last 30-60 days year-to-date pay check stub (if you are married, spouse's income documentation required also)
- If you are retired or disabled, most recent Social Security SAS – 1099 form
- Food Stamp Benefit History forms
- Hardship Letter

I certify that the information on this Application is complete and accurate.

Signature

Date