STEVENS COMMUNITY MEDICAL CENTER
Caring is our Reason for Being

PATIENT FINANCIAL ASSISTANCE APPLICATION

PATIENT / RESPONSIBLE PARTY INFORMATION

Name_____

Address_____

City/State/Zip_____

Phone_____

SS # _____DOB_____

Spouse's Name_____

SS # _____DOB_____

CURRENT MEDICAL INSURANCE

Insurance Company _____

Policy # _____ Effective Date _____

Medicare # _____ Effective Date: _____

Medicaid # _____ Effective Date _____

Are you a Minnesota Senior Federation member? ____

DEPENDENTS Use an additional sheet if necessary

Name(s)	Social Security #(s)	Date(s) of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MONTHLY INCOME (Gross Income)

Patient $_____

Spouse $_____

Interest/Dividends $_____

Child support/Other $_____

TOTAL $_____

EMPLOYMENT INFORMATION

Patient: Employed Self-Employed Unemployed Retired

Spouse: Employed Self-employed Unemployed Retired

BANK INFORMATION

Bank Name _____

Savings Balance $_____ Checking $_____

Total Value of Liquid Assets $_____

******SCMC Financial Assistance (if approved) is effective from the date on which I apply and will remain active for one year of service from the date of application. I need to notify SCMC of changes to my insurance coverage, employment, dependent or other income information. SCMC reserves the right to ask customers to re-apply. If I qualify for a percentage discount, I will be responsible for the remainder of the balance and consistent payments need to be made on a monthly basis in order to remain eligible for Financial Assistance. This information is true and correct to the best of my knowledge, and I hereby authorize SCMC to release this information to any physical clinic, affiliate, and/or other area hospital or clinic to which I am referred.**

Date _____ Applicant's signature _____

Date _____ Spouse's signature _____

Date _____ SCMC Administrative Approval _____

Eligible _____ Non-Eligible _____

PLEASE BE AWARE THAT EYE GLASSES/CONTACTS ARE NOT COVERED UNDER FINANCIAL ASSISTANCE