



STEVENS COMMUNITY
MEDICAL CENTER

Caring is our Reason for Being

400 East First Street • Morris, MN 56267 • 320-589-1313 • www.scmcinc.org

STEVENS COMMUNITY CARE APPLICATION

PATIENT / RESPONSIBLE PARTY INFORMATION

Name
Address
City/State/Zip
Phone
DOB
Spouse's Name
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

Table with 3 columns: Name(s), Date(s) of Birth, Relationship. Includes four rows for dependent information.

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 \$

This information is true and correct to the best of my knowledge, and I authorize SCMC to process my application. I agree 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 have applied for MNSure or other Medical Assistance programs I authorize SCMC to discuss my information with those affiliates as needed to coordinate my potential insurance coverage.

Date Applicant's signature
Date Spouse's signature
Date SCMC Administrative Approval

Eligible Non-Eligible