



Mineral Community Hospital

Here when you need us

FINANCIAL ASSISTANCE APPLICATION

INSTRUCTIONS: Please complete all information on the following application and send it back to the hospital **with** the following information: last month's bank statement, last month's rent receipt, last month's utility bills, last month's pay stubs and last year's tax return. If someone is providing room and board or is helping to pay your bills, a letter of support will need to be sent in with this financial application.

Patient Account # _____

Responsible Person _____

Patient Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

Number of family members in home: Adults _____ Children _____

Total household income _____

Mortgage / Rent _____

Electric bill _____ Water _____ Heating fuel _____

Garbage _____ Phone _____ Internet _____

Auto loans _____ Auto insurance _____

Home / Renter's insurance _____

Medical bills _____ Medical insurance _____

Credit Cards _____

Food _____ Food stamp amount _____

Total Monthly debts _____

Please Check Yes or No

Own Home: Yes No Assessed value _____

"This institution is an equal opportunity provider."

