

**MADISON PARISH HOSPITAL & RURAL HEALTH CLINIC  
CHARITY CARE/ FINANCIAL ASSISTANCE APPLICATION**

<b>Patient Information</b>			<b>Today's Date:</b>	
First Name:	Middle:	Last:	Other Names:	
Home Address:	City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:	
Home Phone #:	Cell Phone #:			
Date of Birth:	Social Security #:	Do you have insurance: (circle one) Yes No		

<b>Household Size</b>		
<b>Name</b> (please list yourself in the household)	<b>Date of Birth</b>	<b>Social Security Number</b>
Marital Status (circle one)	Single	In a relationship
	Married	Divorced
	Separated	Widowed

***The following income information is mandatory for application to be reviewed:  
All income must be verified for application to be considered***

<b>Household Income</b>			
<b>Name</b>	<b>3 Months Current Total Income</b>	<b>Prior Year Total Income</b>	<b>Employer:</b>
You	\$	\$	
Spouse	\$	\$	
Children	\$	\$	
Other	\$	\$	
	\$	\$	
<b>Total</b>	\$	\$	

<b>Other Income</b>	<b>You</b>	<b>Spouse</b>	<b>Children</b>	<b>Other</b>	<b>Subtotal</b>
<b>Social Security</b>					
<b>Public Assistance</b>					
<b>Retirement Pension</b>					
<b>Food Stamps</b>					
<b>Child Support/Alimony</b>					
<b>Interest Income</b>					
<b>Other</b>					
				<b>TOTAL</b>	\$

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information and/or omissions may disqualify me from further consideration for charity care/financial assistance and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Madison Parish Hospital or the Rural Health Clinic if there is a significant change in my income. If approved for charity care/financial assistance under this application I will comply with all rules and regulations of Madison Parish Hospital and Rural Health Clinic. I hereby acknowledge that I have read the foregoing disclosure and understand it.

Date: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

