



Pembina County Memorial Hospital Wedgewood Manor

Yesterday, Today, Everyday

Application For Charity Care

Pembina County Memorial Hospital's policy requires that an individual must complete the following prior to a charity application being processed:

1. Apply for medical assistance within the time frame (generally 3 months within the date of service) required by the county office.
2. Attach a copy of the following:
 - a. Medical Assistance Determination
 - b. Most current federal income tax return
 - c. Check stubs or bank statements from the last 3 months of income
 - d. Listing of assets
 - e. Listing of liabilities (monthly/quarterly/annual payments)

Date Application Sent: _____

Guarantor's Name: _____

Address: _____
City ST Zip

Account No: _____	Balance Due: _____
Account No: _____	Balance Due: _____
Account No: _____	Balance Due: _____
Account No: _____	Balance Due: _____

Dependent Information: (as claimed on federal tax return)

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Guarantor Information:

Employer: _____ Telephone Number: _____
Length of Employment: _____
Current Position: _____
Gross Salary: _____
Average No. of Hours Worked per Week: _____

Spouse Information:

Employer: _____ Telephone Number: _____
Length of Employment: _____
Current Position: _____
Gross Salary: _____

Date Applicant Notified: _____