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
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Account No:	Balance Due:	
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Dependent Information: (as c	laimed on federal tax return)	Ne el
Name:	Relationship:	Age:
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Guarantor Information:		
Employer:	Telephone Number:	
Length of Employment:		
Current Position:		
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Average No. of Hours Worked	per Week:	
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Spouse Information:		
Employer:	Telephone Number:	
Length of Employment:	•	
Current Position:		
Gross Salary:		
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Average No. of Hours Worked per Week:		
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Other Sources of Income: (include spouse's other income)	ï	
Social Security: \$ per	· · · · · · · · · · · · · · · · · · ·	
Pension: \$ per	e e e e e e e e e e e e e e e e e e e	
Railroad Retirement: \$per		
Worker's Compensation: \$ per		
Unemployment: \$ per	• • •	
Rental Property Income: \$ per		
Child Support/Alimony: \$per		
Interest/Dividends: \$ per		
Tax Refund: \$ per	* •	
Other: \$per	•	
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Total Annual Household Gross Income: \$		
Total Household Gross Income in last 3 Months: \$		
Please Note: PCMH/WM cannot process your application for	or charity without verifiable proof of	
household income.		
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I hereby request of Pembina County Memorial Hospital/We	dgewood Manor that services be	
provided to me or my family member without charge or at a		
according to Federal Income Poverty Guidelines. In requesti		
am unable to pay for the health care services requested and a	all the information supplied by me in	
this application is complete and accurate. I understand that	the information which I have	
submitted on this application is subject to verification. I do	hereby release Pembina County	
Memorial Hospital and Wedgewood Manor and their respec	tive agents and employees from all	
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