



400 East First Street • Morris, MN 56267 • 320-589-1313 • [www.scmcinc.org](http://www.scmcinc.org)

## STEVENS COMMUNITY CARE APPLICATION

Stevens Community Medical Center (SCMC) is dedicated to providing quality health care to our patients. We realize that payment of those services may be a financial hardship. Therefore, we are offering you the opportunity to apply for financial assistance through SCMC.

Attached you will find the application that will help us assess your financial situation. You must complete the application to receive any consideration for SCMC financial assistance program. If your financial situation meets SCMC guidelines, part or all of your account balance may be forgiven. A determination for SCMC Community Care eligibility will be made within 30 days of receiving a completed application including supporting documents. A letter will be sent to you with the results or to request additional documentation. If you qualify for a percentage discount, you will be responsible for the remainder of the balance and consistent monthly payments need to be made in order to prevent further collections efforts.

In order to process your application, we require:

- 1. The enclosed application completed in its entirety.**
- 2. Copy of last two pay stubs for any wage earner contributing to household income.**
- 3. Copy of your most recent 1040 tax return or Proof of non-filing from the IRS. (call 800-829-1040 to obtain a copy)**
- 4. Social Security Awards letter.**
- 5. Please provide a copy of all health insurance information, if applicable.**

We realize that your income from previous tax records may not adequately reflect your current circumstances. If so, please attach a brief note that describes your current financial situation. Expense forms an additional optional way for patients to provide more information about their current circumstances.

Once we have reviewed your application, we will notify you of our decision in writing within 30 days of receipt. If you wish to discuss your account or if you have any questions, please contact the SCMC Financial Counselor at 589-1313 ext. 5794 or the Patient Account Services at 320-589-7667. Stevens Community Medical Center Patient Account Services hours are Monday - Friday 7:30-4:30.



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### PATIENT / RESPONSIBLE PARTY INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

DOB \_\_\_\_\_

Other Household Income Earner - Name: \_\_\_\_\_

Are you a Minnesota Senior Federation member? \_\_\_\_\_

DOB \_\_\_\_\_

### CURRENT MEDICAL INSURANCE

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_

Medicare # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Medicaid # \_\_\_\_\_ Effective Date \_\_\_\_\_

### DEPENDENTS Use an additional sheet if necessary

Name(s)

Date(s) of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MONTHLY INCOME (Gross Income)

Patient \$ \_\_\_\_\_

Other Household Income Earner \$ \_\_\_\_\_

Interest/Dividends \$ \_\_\_\_\_

Child support/Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### EMPLOYMENT INFORMATION

Patient: Employed Self-Employed Unemployed Retired

Other Household Income Earner: Employed Self-employed  
Unemployed Retired

**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 \_\_\_\_\_ Other Household Income Earner signature \_\_\_\_\_

Date \_\_\_\_\_ SCMC Administrative Approval \_\_\_\_\_

Eligible \_\_\_\_\_ Non-Eligible \_\_\_\_\_