Rainy Lake MEDICAL CENTER

COMMUNITY CARE APPLICATION

Patient/Responsible Party

Name _____ DOB _____

Address _____ City _____State _____ Zip Code_____

Phone Number _____ SSN_____

Spouse _____ Spouse SSN_____ Spouse DOB _____

List Persons in Household (do not include those listed above)

Dependent Name	Date of Birth Month/Day/Year

Employment Information

☐ Employed ☐ Self Employed ☐ Seasonal ☐ Unemployed ☐ Retired

- If Employed, Self-Employed, or Seasonally Employed please provide most recent pay stubs and tax information
- If Retired, please a copy of Bank Statement showing Social Security deposit
- If Unemployed, please provide Unemployment Compensation information – including denial letter
- Supply Medical Assistance denial letter if applicable

Monthly Income

Patient: $_____
Spouse: $_____
Interest/Dividends: $_____
Other: $_____
Total: $_____

Do any other persons contribute financially to the family? ☐ Yes ☐ No
If Yes, amount $_____

Patient Information

HOME: ☐ Own ☐ Rent Name of Mortgage or Landlord _____

Monthly Payments $_____ _____
Address

Bank Information

Please attach a copy of your Bank Statement

Bank Name _____
Address _____ State_____ Zip Code_____

Account Type	Account #	Account Balance
☐ Checking ☐ Savings		

Medical Expenses: (please attach supporting documentation. Do not include Rainy Lake Medical Center bills, we have those on file):

Total Medical Expenses:_____

Prescription Expenses:(attached supporting documents**)**_____

Remarks: _____
_____
_____
_____
_____
_____
_____

The information on this application is true and correct to the best of my knowledge, and I hereby authorize Rainy Lake Medical Center - Hospital Campus to release this information to any physician, clinic, affiliate, and/or other area hospital to which I am referred.

_____ _____
Applicant's Signature Date

_____ _____
Collection Specialist Signature Date

_____ _____
Administrative Approval Date

☐ Eligible ☐ Non-Eligible Recommendations _____

IMPORTANT: ***We cannot process applications that aren't complete. Incomplete applications will be returned to you for completion. Thank you.***

PLEASE BE AWARE THAT THE COMMUNITY CARE PROGRAM DOES NOT COVER PROFESSIONAL FEES INCLUDING BUT NOT LIMITED TO PHYSICIAN BILLING, RADIOLOGIST READINGS, OR AMBULANCE SERVICES NOT BILLED BY RAINY LAKE MEDICAL CENTER.