

Application For Financial Assistance

Thank you in your interest in our Financial Assistance Program; enclosed is the application. The following information is needed from all household members. Any questions, please contact Customer Service at (844) 832-1956.

1. Gross wages, salaries, tips, etc.
2. Income from business, self-employment, and dependents
3. Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, Veterans' payments, survivor benefits, pension or retirement income
4. Interest, dividends, rents, royalties, income from Estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources

Applicant Information

Name	Date of Birth		
Address			
City	State	Zip	Phone
Employer	If unemployed, date last employed		

Household Members	Date of Birth

Household Income Information (Please list ALL forms of income before deductions)		
Source of Income	Amount	Frequency of Payment

Household Income Information continued

Source of Income	Amount	Frequency of Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Monthly Income	_____	_____

Certification

I certify that the above information is true and accurate to the best of my knowledge. If any information I have given proves to be untrue, I understand MidMichigan Health may re-evaluate my financial status and take whatever action becomes appropriate.

Applicant Signature > _____

Date _____

Please return your completed application along with your proof of income to:

By Mail

MyMichigan Health
Patient Financial Services
4000 Wellness Drive
Midland MI 48670

By Fax

(989) 633-5241

By Email

patient-financial-services@mymichigan.org

Should you have questions regarding this document, please contact the Customer Service Department at (844) 832-1956.