224 NW Crane Ave Madison, FL 32340

Phone: (850) 973-2271 Fax: (850) 973-2818

Federal Employer Identification No. 59-2319288



Request for Financial Assistance

Dear Patient and Family:

In keeping with its mission and core values, Madison County Memorial Hospital is committed to providing health care for people regardless of their ability to pay.

<u>Available Options</u>- Medical bills may be difficult to pay. MCMH will work with patients to see if they qualify for interest free payment plans or financial assistance.

<u>MCMH Financial Assistance</u> Patients who do not have health insurance may apply for financial assistance by scheduling appointment with the Financial Counselor. Programs are *time sensitive*, call and schedule appointment by ________.

MCMH Financial Counselor (850) 253-1955

The following information must be brought with you to your appointment:

- Photo ID showing your current address. If your address has change, bring a piece of mail
 with your name and current address on it.
- 2. Copy of Social Security Cards from everyone in your household.
- Proof of all income (2) current paychecks stubs, Child Support, SSI, Social Security Benefits, etc.

Without the above listed items, MCMH will be unable to process your application.

By submitting application for assistance, patients give MCMH consent to make necessary inquiries to confirm financial obligations or references.

Sincerely,

Madison County Memorial Hospital