

CHARITY CARE APPLICATION

121 Drew Avenue SE, Madelia, MN 56062

Phone: 507-642-3255

···········	Birthdate:	Social Security Number
(Patient)	Distribution	Contal Consults Number
(Guarantor/Responsible Party)	Birtndate:_	Social Security Number:
Address:		
(Guarantor/Responsible Party)		
, , , , , , , , , , , , , , , , , , , ,	Marital Status:	Number of Dependent Children:
MONTHLY INCOME		
Patients Employer:		Spouse/Parent Employer:
Address:		Address:
City:		City:
How long:toGross		How long:toGross Wages \$
Self-employed: Y or N Monthly In		Self-employed: Y or N Monthly Income:
Unemployed How long ?		Unemployed How long?
Unemployment Comp		Unemployment Comp. \$
Social Security		Social Security \$
Worker's Comp		Worker's Comp. \$
Child Support/Alimony		Child Support/Alimony \$
Public Assistance/Housing/Food Stamps		Public Assistance/Housing/Food Stamps\$
Other Income		Other Income \$
Source:		Source:
TOTAL \$		TOTAL \$
DEBTS / EXPENSES		OTHER EXPENSES (including Medical):
Liabilities	Monthly	Monthly
Owing To Whom	Payment Balance	To Whom Payment Balance
Mortgago/Pont		
Mortgage/Rent		
Real Estate		
Real Estate Properties		
Real Estate		
Real Estate Properties Bank Loan		
Real Estate Properties Bank Loan Auto Loan Credit Cards:		
Real Estate Properties	rided for patient and guarant	or:
Real Estate Properties	rided for patient and guarant	
Real Estate Properties	rided for patient and guarant	
Real Estate Properties	rided for patient and guaranto al Tax Return t pay stubs for each working	adult in your household
Real Estate Properties Bank Loan Auto Loan Credit Cards: The following documents must be prov Copy of your previous Federa Copy of your two most recentages	rided for patient and guaranto al Tax Return t pay stubs for each working	adult in your household
Real Estate Properties Bank Loan Auto Loan Credit Cards: The following documents must be prov Copy of your previous Federa Copy of your two most recentage OR An 'Employment Verification The above information will be kept co	rided for patient and guarant of Tax Return t pay stubs for each working Response' form from the cou	adult in your household
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