

MEDICALLY INDIGENT (MI) APPLICATION
INCOME/ASSETS & INSURANCE ATTESTATION
MEDICARE PATIENTS

Account # _____ MR # _____ Admit/Service Date _____

Name (First) _____ (MI) ____ (Last) _____

The income/assets reported on my Medically Indigent Application reflect all sources (Employment) of income/assets for the family unit.

- Yes
- No

Is the patient, listed above covered by any health insurance plan?

- Yes
- No

Any deduction shown as an insurance premium will be validated that the above patient is not covered by the health insurance plan.

Comments:

It is the responsibility of the patient/applicant to report to this department when there are any changes in the family unit income, assets, employment and/or insurance. Any false statements could lead to the denial or revocation of this application and the patient shall be held responsible for all charges incurred.

Applicant's Signature

Date

Hospital Representative Taking MI Application

Date