



Thank you for choosing Memorial Healthcare for your healthcare needs. Attached is a copy of our Financial Assistance Application. Here is some helpful information:

1. Patient must live within the Hospital service area (generally defined as Shiawassee County, Ovid/Elsie and Chesaning).
2. If the patient is over 18 years of age and resides with another adult that is not their spouse we will only need the patient's information.
3. If patient has no insurance for the date of service or upcoming procedure, patient must apply for Medicaid through the Department of Human Services or contact the hospital's Financial Counseling office at 989-729-4160 to schedule an appointment.
4. A copy of the most recent tax return filed must be submitted-a complete tax return must be submitted if patient/guarantor or spouse is self-employed.
5. This application applies to services billed by Memorial Healthcare or Memorial Medical Associates. Patient may incur charges for other Physicians such as Emergency Room Physicians, Radiologist, Cardiologist, Pulmonologist, Pathology, Anesthesiologist, etc. when being seen at the Hospital. These bills may come from Physicians you do not directly see; for example: a Radiologist for reading an X-ray film. Please call the number listed on that separate bill for help.
6. If you are receiving disability or unemployment benefits we do need proof of those payments.
7. All information must be complete and returned back by the due date. Incomplete forms will be returned back to you and cause a delay in review of your application. Until your form is processed you are responsible for outstanding bills.
8. If once your form is processed and there is a balance remaining, a payment plan will be offered through our Care Payment plan for a monthly payment of the remaining balance on the account.

If you have any questions regarding this financial form please contact 989-720-2000 or 989-729-4160.

Thank you,

Memorial Healthcare Patient Financial Services