



Return all applications to:
 South Central Health
 1007 4th Ave S
 PO Box 647
 Wishek, ND 58495
 701-452-2326 or 1-800-492-2364

Uncompensated Care (Financial Assistance) Application

South Central Health (SCH) is dedicated to providing health care to our patients, regardless of their ability to pay for these services. We realize that payment of those services may be a financial hardship for you at this time. Therefore, we are offering you the opportunity to apply for financial assistance. Discounts are offered based on family size and annual income.

This form will need to be completed in its entirety and submitted as soon as possible. Please make every effort to return your application within two weeks of receiving. This form must be completed every 6 months or if your financial situation changes.

PART 1: Demographic Information

Name	Birthdate		
Spouse Name	Birthdate		
Address	City	State	Zip
Employment	Job Title		
Spouse Employment	Job Title		
List ALL dependents living in your household:			
Name	Name		
Name	Name		
Name	Name		
Name	Name		

PART 2: Required Documents

REQUIRED DOCUMENTS (MUST ATTACH COPIES)	ATTACHED
Proof of all income: Last three months of pay stubs for ALL earners, SS, SSI, Public Assistance, Rental Income, Retirement/ Pension, VA Benefits, Unemployment/ Work Comp, Child Support/ Alimony, or Other	<input type="checkbox"/>
Copy of your most recent 1040 tax return including all applicable schedules ***if no proof of income is available***	<input type="checkbox"/>

PART 3: Monthly Source of Income – Represents all sources before taxes

	Self Monthly Gross	Spouse Monthly Gross
Gross Income	\$	\$
Social Security/ SSI	\$	\$
Public Assistance	\$	\$
Rental Income	\$	\$
Retirement/ Pension	\$	\$
Veterans Benefits	\$	\$
Unemployment/ Work Comp	\$	\$
Child Support/ Alimony	\$	\$
Other (specify)	\$	\$
TOTAL	\$	\$
COMBINED MONTHLY GROSS INCOME		\$

PART 4: Income Taxes

<input type="checkbox"/> I have not filed for income taxes in the past year due to a low-income status. _____ <i>Initial</i> <input type="checkbox"/> I am up-to-date on filing for income taxes and have enclosed latest return. <i>*if no proof of income is available.</i>
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PART 4: Additional comments

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Assignment of Rights (Please read carefully)

By signing below I certify that the information contained in this Uncompensated Care Application for financial assistance and the documentation which I have submitted are accurate, true and correct to the best of my knowledge.
 I understand that SCH may make reasonable requests for additional information and verification if necessary.
 I understand that the information and documentation provided will be kept confidential by SCH.
 I understand that the completion of this application will allow SCH to consider my circumstances.
 I understand SCH makes no representations that financial assistance is guaranteed.
 I/We hereby certify the above information is correct and voluntarily authorize you to obtain credit information relative to me/us.

Signature	Date
Co-Applicant Signature	Date