Morton County Medical Clinic

Sliding Fee Discount Application

It is the policy of Morton County Medical Clinic to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
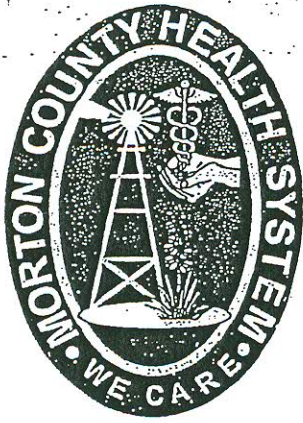
Morton County Health System

Morton County Hospital
Morton County Care Center
Morton County Geropsychiatric Unit
Morton County Medical Clinic - Elkhart
Rolla Doctors Office
Southwest Home Care of Morton County

445 Hilltop • P.O. Box 937
Elkhart, Kansas 67950
(316) 697-2141 • Fax (316) 697-4766

Please fill out the enclosed credit/non-covered services application and send it back along with the following information:

1. A copy of a denial letter from Medicaid, if you have one.

2. Something that shows your last 6 months income, ie., paycheck stubs.

3. A copy of last years tax return.

   If you have any questions please feel free to call or come by the Hospital Business Office, Monday-Friday, and 9:00 a.m. – 5:00 p.m.

Thank you!

Por favor llene esta aplicacion de credito/sin-cuvierto servicios y nos da. Por favor esta informacion tambien:

1. Una papel de Medicaid que dice no puede usar, si lo tiene.

2. Una papel que nos diga su informacion financial.

3. Los taxes recetos del ano pasada.

   Si tiene preguntas; por favor llamanos o nos visita. Las horas Hospital son 9:00 a.m. – 5:00 p.m.

Gracias!

Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources	
Total Income	

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name(print) _____

Signature_____ Date_____

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

MORTON COUNTY HOSPITAL
CREDIT APPLICATION

Guarantor's Name	SSN	Birth date

Address	City	State	Zip	How long at this address

Telephone

Employer	Address

Telephone	How long?	Gross Pay

If unemployed--Last employer	Last day worked	Other income

Spouse's Name	SSN	Birthdate

Spouse's Employer	Address

Telephone	How long?	Gross Pay

If unemployed--Last employer		Last day worked

Nearest Relative not living with you Relationship	Address	Telephone

Number of Persons in Household _____

Name	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

MORTON COUNTY HOSPITAL
CREDIT APPLICATION