Glencoe | Hospital & Clinic 1805 Hennepin Ave. N | Glencoe, MN 55336-1416
Lester Prairie | Clinic 1024 Central Ave. | Lester Prairie, MN 55354-4525
Stewart | Clinic 300 Bowman St. | Stewart, MN 55385-0256
320-864-3121 | Toll Free 1-888-526-4242 | Fax 320-864-7887 | grhsonline.org

Medical Discount Application

Business Services

Patient Section

Name: ____

Date of Birth: ______ /______ /______ Social Security #: ______-_____-______

Address: ____

City: ________________________ State: _______ Zip Code: __________

Primary Phone: ________________________ Secondary Phone: _________________

Employer: ________________________ Yearly Income: __________________

Total Family Size: ________

Family Member: ____________________________ Relation: ______________

Family Member: ____________________________ Relation: ______________

Family Member: ____________________________ Relation: ______________

Family Member: ____________________________ Relation: ______________

Family Member: ____________________________ Relation: ______________

Family Member: ____________________________ Relation: ______________

Include with Application

- ☐ Copy of previous years taxes, pgs. 1 & 2 of 1040 section
- ☐ Medical Assistance determination letter, recent

____ _________________________

Applicant Signature **Date**

Business Office Section

Guarantor Account #: _______________ Guarantor Name: __________________________

☐ Attorney General ☐ Eligible – Full/Partial: ______ Patient Resp. %: ______

☐ Uncompensated Care ☐ Ineligible – Reason: ____________________________

Determined by: ____