

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

Financial Assistance Application

Patient Section		
Name:		
Date of Birth:/	/ Social Secur	ity #:
Address:		
City:	State:	Zip Code:
	Secondary Phone:	
- :1		
Total Family Size:		
Family Member:		Relation:
Include with Application: ☐ Pages 1 and 2 of the IRS	1040 Form from the previous	year's tax return
Applicant Signature		Date
Business Office Section		
Guarantor Account #:		
☐ MN Statute/Uninsured☐ Uncompensated Care		Patient Resp. %:
Determined by:	ineligible – Neasoll	Discount Year: