



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 | Fax 320-864-7887 | glencoehealth.org

MEDICAL DISCOUNT APPLICATION

Thank you for choosing Glencoe Regional Health! Minnesota Statute 144.587 requires hospitals to screen and determine if patients are eligible for financial assistance. Thank you for your completed application or courteous denial to our Patient Financial Services Team.

APPLICANT INFORMATION			
FIRST NAME	LAST NAME		
HOME ADDRESS	CITY		
EMAIL ADDRESS	STATE	ZIP	COUNTY
PHONE NUMBER	SOCIAL SECURITY NUMBER		
HOUSEHOLD MEMBERS (PLEASE INCLUDE YOURSELF AND EVERYONE LISTED ON YOUR TAXES)			
NAME	DATE OF BIRTH	RELATIONSHIP	INSURANCE COVERAGE
INCOME VERIFICATION			
<ul style="list-style-type: none"> <u>If you filed taxes:</u> Tax Return 1040 Form from the previous year <u>If you did not file taxes and only received Social Security:</u> Social Security Benefit Statement from the previous year 			
MEDICAL ASSISTANCE DETERMINATION			
<ul style="list-style-type: none"> <u>If you have applied for Medical Assistance in the current year,</u> please include a copy of your determination letter 			
APPLICANT SIGNATURE:		DATE:	
PLEASE ALLOW 30 DAYS FOR PROCESSING. YOU WILL RECEIVE NOTIFICATION OF OUR DECISION BY MAIL.			

<u>BUSINESS OFFICE SECTION</u>			
APPLICATION #:		APPLICATION YEAR:	
GUARANTOR ID:	GUARANTOR NAME:	PATIENTS INCLUDED:	
APPROVED DISCOUNT:	AUTHORIZED SIGNATURE:	DATE:	