

The financial assistance program can be accessed after all insurance benefits and/or financial aid from third parties, along with state and federal assistance programs, and charitable or endowment funds are exhausted. Because of this, you must submit an application for Medicaid. You can apply to Medicaid either online at <https://newmibridges.michigan.gov>. If you do not have access to a computer, you may fill out an application at Sheridan Community Hospital Monday-Friday between 7:00am-3:30pm or you can contact the Department of Health and Human Services at 989-831-8400.

<u>Patient</u>	<u>Guarantor or Spouse</u>
First Name _____ M.I. _____	First Name _____ M.I. _____
Last Name _____	Last Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
City and State _____	City and State _____
Zip _____	Zip _____
Phone # _____ - _____ - _____	Phone # _____ - _____ - _____
Social Security # _____ - _____ - _____	Social Security # _____ - _____ - _____
Name of employer _____	Name of employer _____
Employer # _____ - _____ - _____	Employer # _____ - _____ - _____

List Name and Birthday of Each Household Member

Household Size (include yourself) _____ people

I certify that the above information is true and accurate to the best of my knowledge. I understand that in order to be in compliance with the eligibility conditions established by Sheridan Community Hospital that I must exhaust all aid from third parties, and I will take any action reasonably necessary to obtain such assistance. Failure to return the documentation needed by Sheridan Community Hospital in an attempt to qualify for financial assistance will cause for denial of this application for assistance. If any information I have given proves to be untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

Applicant's Signature _____ Date _____

Income Source	Current Monthly Gross Income – Patient	Current Monthly Gross income- Spouse or Guarantor	Proof of Income (for below applicable sources)
Wages	\$	\$	Pay stub(s) showing the last four weeks of income and last year’s tax return.
Self- Employment	\$	\$	Copy of last year’s personal and business tax return.
Child Support and/or Alimony	\$	\$	Copy of current court documentation, printed confirmation from friend of the court, or check copies/bank statement documenting year to date income.
Social Security and/or Pensions	\$	\$	Copy of benefit award letter, check stub(s), or bank statements showing monthly deposit.
Dividends, Interest, Rental Income	\$	\$	Dividend/Interest statement, rental income statement, or copy of last year’s tax return showing dividend, interest or rental income.
Unemployment and/or Workers’ Comp	\$	\$	Year to date unemployment benefits documented with full years’ pay stub(s) or a printout from the state website showing year to date income or a denial letter showing ineligibility; Workers’ Compensation benefit letter showing year to date income.
Veterans Benefits	\$	\$	Veterans benefits letter.
Other Income (ADC- Welfare, GA- Welfare, etc.)	\$	\$	Bank statement or documentation showing any other income (education-based income, misc. income, etc.)
Total(s)	\$	\$	= \$

If no income, please provide a letter from the person(s) who support you which explains why they are providing your support.

Checking account Balances \$ _____

Cash on hand \$ _____

Savings account Balances \$ _____

Other assets \$ _____

I affirm to the best of my knowledge that the above information is true and accurate. I will provide the required documents for any assistance (Medicaid, Medicare, Insurance, etc.) which may be available for payment of my hospital and professional charges.

In an attempt to qualify for assistance failure to comply with the policy for financial assistance will result in denial. This application is subject to verification and if found false will result in denial of acceptance into program and reinstatement of original charges will fall under normal collection efforts.

Applicants Signature _____ Date _____