

Missouri River Medical Center/Benton Medical Center Discount Application Form

It is the policy of MRMC & BMC to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. Please complete the following information and return to the Business Office to determine if you or members of your family are eligible for a discount.

This discount will apply to all services received at our office, except nursing home charge and services purchased from outside, such as reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and similar services. Please inquire at the Business Office if you have any questions.

Number of persons living in your household: _____

Total Household Income all Household Members (Complete one column)

	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Others			
Total			

NOTE: Include income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income are required before a discount is approved and will be provided as requested.

Name (Print)

Signature **Date**

Address: _____

Phone: _____

Office Use Only

Patient Name: _____	Discount percentage: _____
Date of Service: _____	Approved By: _____