MAYERS MEMORIAL
HEALTHCARE DISTRICT

MAYERS MEMORIAL HEALTHCARE DISTRICT (MMHD)
FINANCIAL ASSISTANCE APPLICATION

Discount Information

It is the policy of MMHD to provide essential services regardless of the patient's ability to pay. MMHD offers discounts based on family size and annual income.

Please complete the following information and return to the front desk or MMHD's Patient Financial Counselor, located at Mayers Memorial Healthcare District, 43563 HWY 299 E, Fall River Mills, CA 96028 or Mayers Rural Health Clinic to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic or emergency room, but not those services or equipment purchased from an outside service, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, pathology testing and other such services. You must complete this form every 12 months or if your financial situation changes.

Name:
Mailing Address:
Physical Address:
Phone Number:

Please list all household members, including those under age 18.

Name:	Relationship:	Date of Birth:
	Self	

Source of Income:	Self:	Other:	Total
Gross Wages, Salaries, Tips, etc.			
Other Income			
Total Income			

I certify that the family size and income information shown above is correct.

Signature: _____ Date: _____

Office Use Only

Verification Checklist	Yes	No
Identification/Address: Drivers License, state issued ID, Employment ID, Other		
Income: Most recent Tax Return, Last three Pay Stubs, Other		

(Self-Declaration of Income may also be used.)

Application approved for _____% discount for 12 months from today's date: _____

Application denied for the following reason: _____