



## UNINSURED / SELF-PAY DISCOUNT APPLICATION

Mad River Community Hospital is able to offer adjustments to your account balance after we assess your ability to pay based upon our Uninsured Discount Policy. Please complete the form below.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Person completing form name and relation

\_\_\_\_\_  
Account Number

List all persons living in your household

Name	Relation	Income (per month)	Income Source

Proof of income: most recent pay stub, Social Security Award Letter, Unemployment/Disability award letter or pay stub, Worker's Compensation pay stub, child support / alimony award letter, etc.

### IMPORTANT

**PLEASE SUBMIT WITH THIS APPLICATION: PROOF OF INCOME**  
**If proof of income is not received with the application or provided within 30 days**  
**the application cannot be processed.**

**By signing this form you are attesting that the information provided is both true and accurate.**

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

**DO NOT COMPLETE THE FOLLOWING - FOR HOSPITAL USE ONLY**

Based on the completed application and policy guidelines, the responsible party is eligible for a \_\_\_\_\_% discount. Responsible party is liable for remaining balance.

\_\_\_\_\_  
Hospital Representative

\_\_\_\_\_  
Date