



You have 30 days to return this application to:
Scheurer Hospital Business Office 170 N. Caseville Road, Pigeon, MI 48755
Or return by fax to (989)453-7306. For Help with the form call: (989)453-7301 x 5011

2022 Request for Financial Assistance Program

**** It is the policy of Scheurer Health to provide essential medical services regardless of the patient's ability to pay. Scheurer Health offers discounts based on family size, annual income, and the U.S. Federal Poverty guidelines.**

**** Please complete the following information and return it to our Fiscal Services Department to determine if you or members of your family are eligible for a discount or free care.**

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

(Please print)

Applicant Name: _____ Date of Birth: _____

(If Applicant is under 18 you must list a Responsible Party)

Responsible Party: _____ Main Phone # _____

Address _____ City _____ State _____ Zip Code _____

Employer's Name: _____ Phone Number _____

Family Group – List everyone who resides in your home:

Name	Relationship	Date of Birth:
Name	Relationship	Date of Birth:
Name	Relationship	Date of Birth:
Name	Relationship	Date of Birth:
Name	Relationship	Date of Birth:

Health Insurance Information

Insurance Company	Address	Subscriber	Eligibility Date	Contract #
1.				
2.				

Household Monthly Income

Monthly Income Item	Self	Other	Monthly Income Item	Self	Other
Applicant/Guarantor Gross Wages			Supplemental Security Income		
Social Security Income			Interest		
Disability Income			Dividends		
Unemployment			Royalties		
Worker's Comp			Rental Properties, Estates, & Trusts		

Monthly Income Item	Self	Other	Monthly Income Item	Self	Other
Child Support			Assistance from Outside the Household		
Alimony			Survivor Benefits		
Veteran's Income			Pension		
Public Assistance			Retirement Income		
Other Misc. Sources					



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INSTALLMENT LOANS & CREDIT CARDS		
Creditor	Monthly Payment	Balance Owed

You must submit your 2021 Federal Income Tax Return and current proof of income with your application.

Please attach any further details regarding your household income that may be pertinent to your application. It is your responsibility to report any changes in your status (married, new job, new insurance, etc). Failure to report such changes could result in loss of the financial assistance discount. I certify that the family size and income information shown above is correct. I authorize Scheurer Health and its subsidiaries to verify any information for completeness and accuracy. I further authorize such information to be available to Scheurer Health and its affiliates. I understand that more information may be required from me to process this application. I understand that as a charitable organization Scheurer Health may provide me with discounted or free care.

Applicant/Guarantor Signature

Date