



1842 Simpson Highway 149  
Mendenhall, MS 39114

***Financial Aid Application  
For Hospital and Clinics***

**Patient and/or Guarantor information if patient is a minor:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Spouse and/or Legal Guardian Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Dependent (s) Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Use a separate sheet of paper if necessary:



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SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or Retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, alimony, child support, assistance from outside the household, and other miscellaneous sources				
<b>TOTAL INCOME</b>				

**NOTE:** Copies of one of the following - tax returns, pay stubs, bank statements, or other information verifying income or identity may be asked for before a discount is approved. The Hospital may use a 3 party in the verifying process.

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

<b>Name (print)</b>	
<b>Signature</b>	
<b>Date:</b>	

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**Office Use Only**

**Patient Name:**

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**Approved Discount:**

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**Approved By:**

**Date Approved:**

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<b>VERIFICATION CHECKLIST</b>	<b>YES</b>	<b>NO</b>
Identification/Address: Driver License, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Card		