

**COMPLETE ONE APPLICATION PER HOUSEHOLD**



**Instructions:** Please complete **BOTH** sides of the application including the signature line below.

The following documentation is **REQUIRED**:

- **Verification of income and ALL amounts listed** (i.e. recent tax return, W-2s, Paycheck stubs, bank statements, social security letter or letter from an employer)
- **Current bank statements for checking and savings accounts.**
- **Current amounts for medical expenses in other facilities.**

Patients who submit an incomplete application will be sent a letter identifying and requesting the missing information and if the additional information is not received within 30 days the application will be closed.

I certify the following information is true and accurate to the best of my knowledge. Further, I will make application for any other assistance which may be available for payment of my hospital charges (Medicaid, insurance, etc.), and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for such charges. I understand the information given is to be used to ascertain my ability to pay for the services provided by Chadron Community Hospital & Health Services. I hereby grant permission to Chadron Community Hospital & Health Services to investigate the information contained herein.

 **Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Household Information:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Spouse/Significant other: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Dependents:**

First Name	MI	Last Name	Date of Birth	age
First Name	MI	Last Name	Date of Birth	age
First Name	MI	Last Name	Date of Birth	age
First Name	MI	Last Name	Date of Birth	age
First Name	MI	Last Name	Date of Birth	age

Please Complete Other Side 

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**CHADRON COMMUNITY HOSPITAL  
& HEALTH SERVICES**  
825 CENTENNIAL DRIVE | CHADRON, NE | 308.432.5586

**Income Information:**

**SELF**

**Spouse/Significant other**

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

Other Monthly Income: \_\_\_\_\_

Type: \_\_\_\_\_

(other income examples include: SSI, Child Support, Workman's Comp., Unemployment, Pension, Rent, Alimony, etc.)

If you do **NOT** have monthly income, please explain how you take care of your monthly expenses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you currently participate in a Christian cost sharing plan? Yes\_\_\_\_\_ No\_\_\_\_\_**

If **YES** name of plan? \_\_\_\_\_

**Financial Information:**

Do you use a bank for financial transactions? Yes\_\_\_\_\_ No\_\_\_\_\_

If **YES**, please provide current balances:

Checking Balance \$: \_\_\_\_\_ Savings Balance \$: \_\_\_\_\_ HSA/FSA \$: \_\_\_\_\_

If **NO**, how do you handle your financial transactions? (i.e. Prepaid card, cash, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_