



Memorial Medical Center

Neillsville, Loyal, Greenwood

Care...at its best

Financial Assistance Program

DOCUMENTATION CHECKLIST

Guarantor or Patient Name: _____ Date: _____

Applications will be processed upon receipt of all required information, including signatures and dates. After we receive your completed information, you will be notified by mail of our decision within 30 days.

The following is a list of documents and copies that are required and must be supplied.

- Completed Financial Assistance Application (enclosed)
- Complete income tax forms from most current year
- Last two (2) pay stubs from employment/unemployment
- Social Security Award Letter for current year if applicable
- Unemployment Compensation Benefit Letter if applicable
- Copy of last 3 months of Checking and Savings Account Statements

If you are having issues obtaining the required documentation or require assistance in completing your application, please call our Patient Financial Specialists at 715-743-8322 or 715-819-1087.

Please return completed application to:

ATTN: Patient Financial Specialist
Memorial Medical Center
216 Sunset Place
Neillsville, WI 54456