Wayne General Hospital
Waynesboro, MS

APPLICATION FOR FINANCIAL AID

Patient's Name: _____ SS# _____ Guarantor#_____
Last First Middle

_____

Head of Household _____ _____
Last First Middle

Current Address _____
City State Zip

Phone Numbers: Home:_____ Alternate Phone: _____ Work: _____

Employer's Name & Address _____
City State Zip

Spouse's Name _____ Spouse's SS# _____
Last First Middle

Spouse's Employer _____ Employer's Phone _____

Employer's Address_____
City State Zip

Are you currently eligible or have any insurance coverage (ie. Commercial, Medicare, Medicaid)? ☐ Yes ☐ No

If answered yes, please list all: _____

List all Household Family Members including Yourself and Spouse

	Name (Last, First, Middle)	Date of Birth	Relationship
1)			
2)			
3)			
4)			
5)			
6)			
7)			

List all Gross Income for previous 12 months (including all family members)

WAGES (by employment or self employment)	Head of Household	_____
	Spouse	_____
SOCIAL SECURITY	Head of Household	_____
	Spouse	_____
	Children	_____
NON WAGE INCOME	Other	_____
	Alimony	_____
	Child Support	_____
	Military Allotments	_____
	Pension/Dividends	_____
	Other Income	_____
	Total Income	_____

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I certify that the above information is true and accurate to the best of my knowledge. As part of this application process, Wayne General Hospital may verify information contained in my application and other documents required in connection with the application either before the application is approved or as part of its quality control program. Further, I will make application for any assistance (Medicaid, Medicare, insurance, etc.) which may be available for payment of my hospital charges, and I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for hospital charges. If any information I have given proves untrue, I understand that the hospital may re-evaluate my financial status and take whatever action becomes appropriate.

_____ _____

Signature of Applicant(s) (Date)

Please check below as applicable:

___Income tax return has been filed (year of _____). Submit a copy of income tax return.

___Income tax has not been filed. Please sign below:
I certify that I have not filed/will not file an income tax return. (additional information is required.)

Signature: _____Date signed:_____

Call number below to discuss additional requirements:

Crystal Rigney
Collection Manager
601-735-7105