



**CUYUNA REGIONAL
MEDICAL CENTER**

Dedicated to You. Every Day.



CHECK ALL APPLICABLE ITEMS AND ATTACH SUPPORTING DOCUMENTATION

Required Information for ALL household members (if applicable)	Send Copies of:	Monthly / Yearly Amount (Gross)	
Federal Tax Returns	Last year's Federal Tax Return 1040 including schedule C, E and/or F, if applicable	\$	Yearly
Employment Income (Wages)	Last 3 full months of employment pay stubs	\$	Monthly
SSI, SSDI, RSDI Income	Award Letter or bank statement showing deposit	\$	Monthly
Unemployment / Work Com Benefits / Disability	Benefit Letter or copy of pay history printout	\$	Monthly
Spousal, Child Support	Benefit Letter or a copy of the 2 most recent bank statements showing deposits	\$	Monthly
Pension, Annuity, VA Benefits	Award Letter(s) or a copy of the 2 most recent bank statements showing deposits	\$	Monthly
Other Sources of Income, (Tribal, Per Capita, TANF, MFIP, etc)	Award Letter(s) or a copy of the 2 most recent bank statements showing deposits	\$	Monthly
Medical Assistance Application	Award / Denial Letter from the County		
Check here if you Did Not File Taxes Last Year	Total Income: \$ _____		
No Income: Please explain how you support yourself. For example: Daily living expenses such as food, gas, housing and other bills			

Employment

Family Member	Relationship to applicant	Employer	How Often Paid: Weekly, Bi-Weekly, Twice per Month, Monthly	Salary or Hourly Wage (amount)	Hours worked per week

Certification:

I certify that all information listed is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to pay for services proved by Cuyuna Regional Medical Center (CRMC) or Sleep Center of Central MN. I give permission to CRMC or Sleep Center of Central MN to share the information as necessary to consider my financial assistance request. I hereby grant permission to CRMC or Sleep Center of Central MN to investigate the information contained herein this application.

Patient / Responsible Party Signature	Date
Spouse / Partner Signature	Date

Return application and supporting documents to: **CRMC 320 E. Main St. Crosby, MN 56441 Attn: Financial Services**