

Dear Customer:

Thank you for choosing Magee General Hospital for your healthcare needs. We strive to serve all our patients with the best care possible. Attached is an application for Charity assistance to cover your recent hospital expense. Please complete the entire form, attach the required evidence of eligibility, as described in the Magee General Hospital Charity Care Coverage and Financial Assistance Policy, and return to Magee General Hospital as soon as possible.

The charity committee will review your application and you will be notified of the determination made by the committee. If you have any questions, please contact a Patient Financial Counselor at 601-849-7218.

Please mail completed application to Magee General Hospital, 300 3rd Avenue SE, Magee, MS 39111.

****TO QUALIFY FOR CHARITY CARE COVERAGE ALL QUESTIONS ON THE APPLICATION MUST BE COMPLETED****

Sincerely,

Magee General Hospital

Patient Financial Services Department

MAGEE GENERAL HOSPITAL
300 3RD AVENUE SE
MAGEE, MS 39111
APPLICATION FOR CHARITY CARE COVERAGE

Patient Name: _____ Social Security Number: _____

Address: _____ Birthdate: _____

Phone Number: _____ County: _____

Does patient have Medical Insurance? _____ Y/N

Is the patient a Medicare or Medicaid beneficiary? _____ Y/N

If patient is a minor, the following questions apply to the legal guardians or parents

Guarantor's Income: _____

Patient's Employer: _____

Spouse Name: _____

Spouse Employer: _____

Spouse's Income: _____

Household Income: _____

Dependents: Name: _____ Age: _____

 Name: _____ Age: _____

 Name: _____ Age: _____

 Name: _____ Age: _____

Please attach your last tax return or other Proof of Income

Signature: _____ Date: _____

Do not fill out, for Patient Financial Services Use Only.

Approved _____ Denied _____

Reason for Denial _____