



EMERGENCY ROOM DISCOUNT PROGRAM

APPLICATION DEADLINE: 1 MONTH

Please answer all questions and attach all documents required

APPLICANT INFORMATION: (please print)

Name: _____ Date of Birth ____/____/____

Mailing Address: _____

Home Phone: _____ Cell or work: _____

Monthly Income (gross): \$ _____ Annual Income (gross): \$ _____

Other financial support* : _____

You MUST include cash tips, bonuses, alimony, child support, government assistance, and any other income/assistance from any source.

Other income earning family members you live with:

Name: _____ Relation: _____

Monthly Income: \$ _____ Annual Income: \$ _____

(You must also supply a copy of income verification for this person(s))

Dependants:

Number of family members, including yourself, being supported: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Contact the AR Specialist, Ann, with any questions 888-862-6085 or 970-369-2390

PLEASE SIGN AND DATE:

"I _____ attest under penalty of perjury that the
aforementioned information is complete and correct.

Signature: _____ Date: _____