GRANITE COUNTY MEDICAL CENTER
RURAL HEALTH DISCOUNT PROGRAM APPLICATION

It is the policy of Granite County Medical Center to provide essential services regardless of the patient's ability to pay. GCMC offers discounts based on family size and income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this location, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name of Head of Household:			**Place of Employment:**		
Mailing Address	**City**		**State**	**Zip**	**Phone**

Please list spouse and dependents under age 18					
Name		**Date of Birth**	**Name**		**Date of Birth**
Self			**Dependent**		
Spouse			**Dependent**		
Dependent			**Dependent**		
Dependent			**Dependent**		

Annual Household Income				
Source	**Self**	**Spouse**	**Other**	**Total**
Gross wages, salaries, tips, etc.				
Social security, pension, annuity, and veterans benefits				
Alimony, child support, military family allotments				
Income from business self employment and dependents				
Rent, interest, dividend, and other income				
TOTAL INCOME				

I certify that the information shown above is correct and understand verification is required for approval.

_____ _____

Name (Print) **Signature/Date**

Office Use Only

Verification Identification/Address: Driver's License, utility bill, employment identification or other

Yes_____ No_____

Verification Income: Prior year tax return, three most recent pay stubs, Self-declaration of income, or other Yes_____ No_____
Pay Class Approved: _____ Effective Date: _____
Approved by: _____ Expiration Date:_____