

Return To:
 PMHH
 665 3rd Street SW
 Perham, MN 56573
 (218)346-4500

Attn: Business Office Director



Demographic Information	Date		Patient Name			
	History		Date of Service			
	Name		Date of Birth	Spouse		Date of Birth
	Address			City	State	Zip Code
	Time at present address: _____ Years _____ Months		Rent <input type="checkbox"/> Own <input type="checkbox"/>	County	<input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City of _____	
	Telephone: ()		Number fo household members		Ages of household members	
		Self		Spouse		
	Employed by					
	Business address					
	Business phone	()			()	
Occupation		Hourly Wage \$		Hourly wage \$		
How Long Employed		Hours worked/wk:		Hours worked/wk:		
Social Security Number						
Income: Represents total cash receipts from all sources before taxes.						
Source of Income		Self	Monthly Gross	Spouse	Montly Gross	
	Gross income					
	Socail security					
	Public assistance					
	Interest dividends					
	Rental income					
	Retirement/pension					
	Veterans benefits					
	Unemp/Work Comp	From: To:		From: To:		
	Child support	From: To:		From: To:		
	Foster care					
	Disability					
	Other/identity					
TOTAL \$			TOTAL \$			
Combined monthly gross income		\$	Combined yearly gross income		\$	
Assets\Savings (Joint)	Location			Amount/Value		
	Checking					
	Savings					
	Cert. of Deposit (CD)					
	Stocks/bonds					
	Other					

Schedule B*

**Perham Hospital District
Community Care Income Guidelines**

Size of Family Unit	Income
1	21,660
2	29,140
3	36,620
4	44,100
5	51,580
6	59,060
7	66,540
8	74,020
For each additional person, add	87,480

***The income levels are 200% of the 2009 United States Department of Health and Human Services poverty guidelines.**

Schedule C

**Perham Hospital District
Community Care Sliding Scale Income Guidelines**

Exceeds Income Guideline	Discount Percent
Greater than 0-10%	90%
11-20%	80%
21-30%	70%
31-40%	60%
41-50%	50%
51-60%	40%
61-70%	30%
71-80%	20%
81-90%	10%
91-100%	5%