South Peninsula Hospital

Patient Financial Services
4300 Bartlett Street
Homer, AK 99603
907-235-8101 ~ fax 907-235-0251

Medicaid Recipient Financial Assistance Application

Personal Information

Applicant: _____ Date of Birth: _____

Mailing Address: _____ Phone: _____

City: _____ State: AK Zip Code: _____

Medicaid ID: _____

Employment Information:

Applicant Employer/Name of Business: _____

Occupation: _____

Names of People in Household:

Name	Birth Date	Relationship	Medicaid ID
		SELF	

Please explain your current financial circumstances.

_____

_____

_____

_____

I would like to apply for financial assistance with South Peninsula Hospital.

_____ _____

Applicant Signature Date

Updated: 12/29/20 nld