

# Medical Care Discount Program

We believe that everyone has a right to quality, affordable health care. We have developed a Medical Care Discount Program to ensure that access to medical care is available to all who use our facilities, regardless of their financial situation and ability to pay.

- MidMichigan Health Park - Houghton Lake
- MidMichigan Urgent Care - Houghton Lake
- MidMichigan Medical Offices - Beaverton
- MidMichigan Medical Offices - Roscommon
- My Community Dental Clinic - Roscommon
- Family Medicine at Community Mental Health of Central Michigan - Midland
- Participating pharmacies

**What is it?** The Medical Care Discount Program provides reduced fees for the following services ordered by our providers:

- On-site primary care office visits
- On-site urgent care visits at MidMichigan Urgent Care - Houghton Lake
- On-site laboratory testing
- On-site nutrition and diabetes education services at MidMichigan Health Park - Houghton Lake
- On-site X-ray procedures and ultrasounds at MidMichigan Health Park - Houghton Lake
- On-site bone density and mammogram tests at MidMichigan Health Park - Houghton Lake
- On-site counseling services
- On-site physical therapy and cardiac rehab at MidMichigan Health Park - Houghton Lake
- Most prescription medications available at approved pharmacies
- On-site dental services at MidMichigan Medical Offices - Roscommon, My Community Dental Center

**Who is it for?** All patients and their family members who qualify based on income, and family size.

**How do I apply?** Please follow the instructions below.

1. Complete the application on the next two pages.
2. Provide evidence of all of your present income for all family members. Examples are listed below.
  - Last 3 paycheck stubs
  - Last year’s federal income tax returns
  - Pension payments, including VA benefits
  - Workmen’s compensation
  - Public assistance
  - Unemployment award letter
  - Social Security/Disability payments
  - Child support/Alimony
3. For questions or if you need help, please call our billing department at (989) 422-5122.

**IMPORTANT NOTE:** The Medical Care Discount Program is **NOT** an insurance plan. It **ONLY** applies to services at MidMichigan Health Park - Houghton Lake, MidMichigan Urgent Care - Houghton Lake, MidMichigan Medical Offices - Roscommon, and MidMichigan Medical Offices - Beaverton. This program **DOES NOT APPLY TO** and **IS NOT RECOGNIZED BY** other medical agencies (e.g. hospitals, pharmacies, physician groups, or laboratories) that you may be referred to outside of the facilities listed here.

IF YOU DO NOT HAVE HEALTH INSURANCE, WE CAN HELP YOU SIGN UP FOR AN AFFORDABLE HEALTH INSURANCE PLAN THROUGH [WWW.HEALTHCARE.GOV](http://WWW.HEALTHCARE.GOV). CALL (989) 422-2158 FOR MORE INFORMATION.



Medical Care Discount Program  
MidMichigan Health Park - Houghton Lake  
9249 West Lake City Road  
Houghton Lake, MI 48629



Medical Care Discount Application Section (Please Print)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Numbers and Hours for Contact: \_\_\_\_\_

1. List below all family members:

Your family is defined as all persons related by blood, marriage, adoption or children 18 and under who reside together. Children reaching age 19 and still living at home need to fill out a separate application.

Name	Date of Birth	Relationship to Applicant	Health Insurance Plan Name (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Provide Proof of Family Gross Income:

The Department of Health and Human Services' definition of "income" is total annual cash receipts before taxes from all sources (including salaries, public assistance/unemployment/retirement payments, Social Security, child support, etc., but excluding gifts, receipts from sale of property, or non-cash benefits such as Medicaid, food stamps, public housing, etc.). V1-Final-1-31-17

PLEASE ENCLOSE PROOF OF INCOME

If you do not have a job or any income, please write a brief explanation below about how you are meeting your living needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Special Circumstances:

In addition to income, special circumstances can affect your ability to afford medical care. Even if you are over the income guidelines, you may be eligible for the Medical Care Discount due to your special circumstances. Indicate below if you believe you would be over income guidelines but would qualify for Medical Care Discount due to special circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Care Discount Program Application Certification

I hereby certify that the information I provided is true and accurate to the best of my knowledge. I also understand that this information will be kept confidential and used by MidMichigan Community Health Services for fee adjustment purposes. If my income or circumstances change significantly, I will report this information for an eligibility re-determination. I also understand that eligibility will be reviewed periodically and that fabrication of information is subject to penalty. I also understand that the Medical Care Discount Program needs to be renewed yearly with current proof of income.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions:

Is this a new application or a renewal? NEW RENEWAL  
Is this... Medical Only Dental Only Both

Before sending, please remember to:

- Sign and date your application above
- Enclose proof of income
- Write in everyone's birthdates and relationship to applicant

Questions?

Please call our billing staff at (989) 422-5122.

Mail/Return completed application with all documentation to:

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MidMichigan Health Park - Houghton Lake  
9249 West Lake City Road  
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FOR OFFICE USE ONLY. DO NOT WRITE IN THIS AREA.

Anticipated Annual Gross Income: \_\_\_\_\_ Discount Category: \_\_\_\_\_

(List Sources/Amounts/Adjustments) Patient Pays: \_\_\_\_\_

Approval Period: \_\_\_\_\_ thru \_\_\_\_\_

Processed by: \_\_\_\_\_

Computer Input: \_\_\_\_\_