



Dear Holland Hospital Patient or Patient Representative,

Holland Hospital is partnered with MedAssist, a company that assists eligible patients with the application process for government programs such as, Medicaid.

Holland Hospital has a MedAssist Patient Representative onsite and available to discuss government programs that provide assistance with medical bills to qualifying individuals and their families. This service is **free of charge** to our patients in need of assistance, courtesy of Holland Hospital.

Government programs or financial assistance through Holland Hospital may provide the assistance needed for coverage of medical bills and additional benefits.

In order to determine if you are eligible for any of the programs, please complete and sign the forms in this packet and return it to a MedAssist Patient Representative, Holland Hospital Registration staff member or mail to the address listed below.

Please be sure to include current phone numbers and addresses so we can follow up with you to complete the determination process. A MedAssist Patient Representative will reach out to you to complete the screening process.

If you have any questions in regards to applying for Medicaid, please feel free to call a MedAssist Patient Representative at **616-394-3795**.

Sincerely,

Holland Hospital

Patient Financial Services

602 Michigan Ave

Holland, MI 49423

616-394-3795

medassist@hollandhospital.org

Name/Address:

Best contact info:

Household Members	Sex	DOB	Marital Status	SSN	U.S CITZN?	DISAB	PREG
	M F						
	M F						
	M F						
	M F						
	M F						

Other Insurance? _____ Medicaid? _____ Medicare? _____ VA? _____ Native American Tribe? _____

INCOME:

Employer Name: _____

Rate: _____ Hrs. per Week: _____ Pay freq: W | BW | M Last date worked: _____

Other income? : _____

ASSETS: Bank accounts/IRA's/401k/Property or any other cash assets?

COMMENTS: **Income verifications will be required if employed, if not, a letter of support/unemployment verification will be required**