

The Mercy Ministries: Patient Eligibility Form

Please circle the campus at which you are applying: Graham Campus (Hazlehurst) OR Main Campus (Lyons)

Name _____ Date of Birth _____ Age _____
Address: _____ City _____ Zip _____
Phone # _____ Alternate Phone # _____

Health Information: Do you have medical insurance? _____ If yes, please provide the name of your insurance company. _____

Please explain in detail the medical problems/complaints/ and or reason you need to become a patient:

Have you recently been to the emergency room or been admitted to the hospital? Y/N

Have you received any medical care in the last 12 months? If yes, where? _____

Please list your current medications:

Financial Information: Are you employed? _____ Is your spouse employed? _____

Do you have any type of income? _____ What is your household's total income per month? _____

Do you receive food stamps? _____ If so, how much per month? _____

How many members are in your household? _____

**Note: Before your approval will be finalized we will require documentation of any income.*

After Eligibility Form is Submitted:

When you turn in this form to The Mercy Ministries via fax, email or in person, your information will be submitted to The Mercy Ministries' clinical team for review. Our goal is to approve all the clients that we have resources to help. If the clinical team has any questions about your eligibility, someone may call you to ask you a few questions or schedule you for a screening interview to visually assess your needs. After the review, you will receive EITHER a phone call about the pending approval of your application or a letter of denial in the mail explaining why you do not currently qualify for services. IT MAY TAKE UP TO 3 WEEKS TO GET A RESPONSE of acceptance or denial. If accepted, you'll receive an additional new patient application packet to fill out. That packet of information has to be COMPLETED and returned to the office BEFORE your initial appointment is scheduled. Please make sure your contact information and address are correct above, and thank you for applying for services at The Mercy Ministries. If you have any questions, please call the office.

I verify that all the above information is accurate to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Main Campus: Ph (912)524-4000, Fax (912)524-4004 ♥ Graham Campus: Ph (912)387-0463, Fax (912)816-4160