Massena Memorial Hospital
Quality Healthcare in the Seaway Valley

"PROUD" Program

Payment Relief Options for Uninsured/Underinsured and Dependents

Required Documentation

1. Completed "PROUD" Program application.
2. Verification of Income (Payroll, Unemployment, Social Security, rental, Interest etc..)
3. Number of household members living at provided address.

Suggested Documentation

1. Federal or State Income Tax Returns, previous year.
2. Current Bank Statements.

Please double check completion of application and required documentation. Return information to Patient Financial Services, Massena Memorial Hospital, at the address indicated below by the following date: _____.

Once a completed application is received, billing will be held pending the decision of the "PROUD" Program application. Determination will be made within 30 days of receipt of the completed application.

Massena Memorial Hospital
One Hospital Drive Massena, NY 13662
Attn: Patient Financial Services Department

Or call: (315) 769-4395 or 769-4275

P.R.O.U.D. Program

5-2015

Massena Memorial Hospital
Quality Healthcare in the Seaway Valley

P.R.O.U.D. Program

APPLICATION FOR "PROUD" PROGRAM

Please answer all questions completely to the best of your knowledge.
Type or print legibly

Date: _____ Social Security Number: _____

Name _____ Phone _____

Address: _____

Total Monthly household income:	**Source**	**Monthly Amount**
	_____	_____
	_____	_____

HOUSEHOLD MEMBERS

Name	Date of Birth	Relationship	Claim on Income Tax Yes or No
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

CERTIFICATION: In signing this application, I swear and affirm that the information I have provided or have been requested to provide to MASSENA MEMORIAL HOSPITAL, as a basis for the "PROUD" program is true and correct to the best of my knowledge.

_____ _____
Patient/Parent/Guarantor Signature Date

_____ _____
Spouse's Signature Date