



COOPER GREEN MERCY HEALTH SERVICES AUTHORITY

Jefferson Outpatient Care

HEALTH FIRST PROGRAM APPLICATION

THIS CHARITY DISCOUNT PROGRAM IS **NOT AN INSURANCE PLAN. MEDICAL SERVICES FOR JEFFERSON COUNTY RESIDENTS AT COOPER GREEN MERCY HEALTH SERVICES AUTHORITY SERVICES ONLY.**

This Section for Clinic Use Only: DATE: _____ ARRIVAL TIME: _____
Registration # _____ Time Registered _____ MR # _____
PATIENT NAME: _____ County Resident (please circle one) Y N
Address or Insurance _____ Other _____ Interviewer: _____ Time Began: _____ Time Ended: _____

Patient, please complete this section below:

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Gender (please circle one) M F Date of Birth _____

Marital Status _____ Home Phone # _____ Cell Phone # _____

Are you a U.S. military veteran? (please circle one) Y N

Pharmacy Preference #1 _____ Phone # _____ #2 _____ Phone # _____

Employers Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Insurance Name _____ Policy Number _____

SPOUSE

First Name _____ MI _____ Last Name _____

Employers Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Are you covered under your spouse's insurance? (please circle) Y N

Emergency Contact Person _____ Relationship _____ Phone # _____

Please list information concerning spouse and/or dependent children. If you are a dependent, list parents or guardians.

Name and Relationship Age Gender Employed, Student or Checks Income Amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

IF YOU NEED ADDITIONAL LINES PLEASE USE THE BACK OF THE FORM

I hereby give Cooper Green Mercy Health Services Authority, (Jefferson Outpatient Care) permission to investigate any information provided, including, but not limited to performing credit checks, notifying references, and contacting employer. I understand that if any false information is given, I will become full responsible for all charges including court cost and attorney fees.

SIGNATURE _____ DATE _____ (revised Jan. 2021)