Johnson Memorial Health Services

2025 Uninsured Discount Application

If you have any questions, please call our Patient Account Representative at 320-312-2136 or toll free at 888-769-2164

Name: _____

Address: _____

Phone: _____ Email: _____

Have you applied for Medical Assistance or MNCare? (please circle) **YES** **NO**

Family Information: Please list names and age of all person living in your household. If persons are over 18, please indicate if student and/or working.

Name	**Relationship**	**Age**

I acknowledge that this discount only applies if my account remains in good standing. This means that timely payments are being made and/or an acceptable payment arrangement is place. If the account is sent to collections for non-payment after this form has been completed, I understand that JMHS will remove the uninsured discount from my account.

Signature: _____ Date: _____

1282 Walnut Street Dawson, MN 56232
P: 320-769-4323 | **F:** 320-769-2972

JMHS Johnson Memorial Health Services