



**MORROW COUNTY
HEALTH DISTRICT**
Excellence in Healthcare

P.O. Box 9
564 E. Pioneer Drive
Heppner, Oregon 97836

800-737-4113
(541)-676-9133
Fax (541)-676-2905

FINANCIAL ASSISTANCE CHECKLIST

A person wishing to apply for Financial Assistance needs to submit the following:

- **Completed Discounted Services Application**
 - **Proof of insurance or copy of an application for coverage (If denied coverage, please include a copy of the denial letter)**
 - **Income verification including copies of 3 most recent paystubs, 3 most recent bank statements and the prior year's tax return. Social Security Benefit Summary, if applicable.**
 - **Copy of State driver's license, state ID card, or other photo ID**
- ❖ *You may mail or bring in your originals of the above documents and free copies can be made for you and the originals returned.*

**Please call the Patient Business Office
at 541-676-9133 or 1-800-737-4113
for assistance with this program**

Mail Applications to: Business Office, PO BOX 9, Heppner OR 97836

Drop off Applications at: Pioneer Memorial Hospital, Home Health & Hospice, Pioneer Memorial Clinic, Irrigon Medical Clinic, or Ione Community Clinic