

## Patient Application

First Last Please provide your <b>first</b> and <b>last</b> names as they appear on your government-issued ID papers.		
What is your date of birth?	Month (MM) Day (DD) Year (YYYY)	
Montgomery County Address		
Street Address		
Address Line 2		
City State Zip Please provide your CURRENT Montgomery County address. Proof of residency is required to complete the registration process.  Email address and Phone Number		
Elliali address alid Filolie Nulli	ibei	
	-	
Email address	Phone number (XXX) XXX – XXXX  Please enter phone number where you can be reached during the day.	
Do you currently have Medicaid, Medicare or dental insurance?		
Yes, I have Medicare or Medicaid.		
Yes, I have Dental Insurance.		
Montgomery County Free Clinic, Inc. can only provide care to individuals who are uninsured and are neither receiving nor qualified for Medicaid or Medicare. Some employers offer a dental plan, which usually is quite reasonable.		
What is your household size? (number of people living in your house)		

## What is your approximate household income?

\$
----

Proof of income will be required to complete your registration and will be evaluated on a case by case basis. If you have any concerns about your eligibility, we urge you to still apply and explore your options during registration.

## **Household Members**

First and Last Name	Birth Date (mm/dd/yyyy)

Please list all additional household members by name with their birth dates. For example, John Doe | 12/10/1972

Thank you for completing your application for care at the Dr. Mary Ludwig Free Clinic. Please bring this form with the "Required Documents for Care" to the clinic, located at 816 Mill Street during normal business hours (Monday and Thursday from 9-12 and 1-4:30). If you have questions or concerns, please email us at <a href="mailto:application@mcfreeclinic.org">application@mcfreeclinic.org</a> or call 765.362.3244.