



FINANCIAL ASSISTANCE EVALUATION

Phone: 660-258-1197 or 660-258-1198

Email: collections@phsmo.org or collections2@phsmo.org

Important: YOU MAY BE ELIGIBLE TO RECEIVE FREE OR DISCOUNTED CARE.

Completing this application will help Pershing Health System determine if you can receive free or discounted services or are eligible for other public programs that can help pay for your health care.

Please complete this form and submit it to the hospital or clinics in person or by mail:
Pershing Hospital – 130 East Lockling, Brookfield MO 64628
Community Medical Associates – 130 East Lockling, PO Box 408, Brookfield MO 64628
Meadville Medical Clinic – 101 East Hayward, PO Box 131, Meadville MO 64659

Or, electronically at <https://phsmo.org/financial-assistance>, or by fax to 660-258-1222 Attn: Collections Dept. A completed application has to be submitted within 240 days following the date of the first post-discharge billing statement.

The patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital/clinic in determining whether the patient is eligible for financial assistance.