

ARKANSAS RIVER VALLEY RURAL HEALTH COOPERATIVE, INC.



developing a vision for community-based rural health care

9723 Highway 22, P.O. Box 208, Ratcliff, Arkansas 72951 (479) 635-4400 fax (479) 635-0561

Name _____ Date _____

Family Physician: _____

How do you currently pay for your medications?

Do you have Medicare, Medicaid or private health insurance?

How many people are in the household?

Adults _____ Children _____

What is the household monthly income? (this includes wages, social security checks, disability checks, alimony, child support, pension income, interest earned on accounts, food stamps and government checks for children).

What kind of liquid assets do you have? Please fill in amount.

IRA _____ C.D. _____ Savings _____ Checking _____

Did you or your spouse file and income tax form (1040) in the last two years?