



Benzie County Medical Care Facility
210 Maple Street
Frankfort, MI 49635
Phone: 231-352-9674 ~ Fax: 231-352-5001

APPLICATION FOR ADMISSION WAITING LIST

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Age: _____ Birthplace: _____

Occupation or previous occupation: _____ Education: _____

Social Security #: _____

Medicare #: _____ Medicaid #: _____

Other Insurance: _____ Policy #: _____

Physician's Name: _____

PERSON ACTING ON APPLICANT'S BEHALF

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Email: _____

Additional Comments: _____