

FINANCIAL ASSISTANCE APPLICATION

PATIENT NAME		PATIENT NUMBER	BIRTH DATE
GUARANTOR ADDRESS			
SOCIAL SECURITY#	TELEPHONE#	EMPLOYER NAME & ADDRESS	
GUARANTOR ADDRESS			
CITY		STATE	ZIP CODE

SECTION A

ADDITIONAL FAMILY MEMBERS	
NAME/RELATIONSHIP	AGE
MONTHLY INCOME:	SOURCE OF INCOME:
\$ _____	_____ (GUARANTOR)
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____ TOTAL	

SECTION B

MONTHLY EXPENSES	
RENT	\$ _____
MORTGAGE	\$ _____
OTHER HOUSING	\$ _____
FOOD	\$ _____
ELECTRIC	\$ _____
GAS	\$ _____
HEAT	\$ _____
TELEPHONE	\$ _____
CABLE	\$ _____
GARBAGE	\$ _____
OTHER	\$ _____
OTHER	\$ _____
OTHER	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

SECTION C

OTHER EXPENSES	
CLOTHING	\$ _____
TRANSPORTATION (Bus, train, etc.)	\$ _____
SCHOOL	\$ _____
DONATIONS	\$ _____
TOTAL	\$ _____

SECTION D

INSURANCE	
CAR	\$ _____
HOUSING	\$ _____
MEDICAL	\$ _____
LIFE	\$ _____
TOTAL	\$ _____

SECTION E

CREDIT CARDS			
NAME	CURRENT BALANCE	CREDIT LINE	MONTHLY PAYMENT
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

SECTION F

OTHER ASSETS	
Own Home: yes no	Other Real Estate
Approximate Value of Home:	Approximate Value of Other Real Estate
Mortgage Balance Owed:	

SECTION G

LOANS			
NAME OF INSTITUTION	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
	\$	\$	\$
	\$	\$	\$
		TOTAL	\$

SECTION H

MEDICAL BILLS		
NAME OF MEDICAL ESTABLISHMENT		MONTHLY PAYMENT
		\$
		\$
		\$
	TOTAL	\$

SUMMARY			
SAVINGS ACCOUNT (INSTITUTION/ACCOUNT#)		SECTION A	\$
	\$	SECTION B	\$
		SECTION C	\$
CHECKING ACCOUNT (INSTITUTION/ACCOUNT#)		SECTION D	\$
	\$	SECTION E	\$
		SECTION F	\$
MUTUAL FUNDS (INSTITUTION/ACCOUNT#)		SECTION G	\$
	\$	SECTION H	\$
MONEY MARKET FUNDS (INSTITUTION/ACCOUNT#)		SECTION B TO H	\$
	\$		
INSURANCE POLICY (INSTITUTION/ACCOUNT#)		TOTAL DISPOSABLE INCOME	
	\$	(B TO H MINUS A)	\$

PROPOSAL		
	APPROVAL	DATE
INSTALLMENT CONTRACT	_____ PATIENT ACCESS / PATIENT ACCOUNTS STAFF	_____
MEDICAL ASSISTANCE APPLICATION	_____ DIRECTOR OF PATIENT FINANCIAL SERVICES	_____
CHARITY CARE	_____ SR. VICE PRESIDENT OF FINANCE/CFO	_____
	_____ PRESIDENT	_____

SIGNATURE _____

DATE _____

Fax# 610-776-8385