

Financial Assistance Application

I OWN or am buying THE FOLLOWING			I OWE (liabilities) THE FOLLOWING		
Cash			MONTHLY LIVING EXPENSES		
Checking			Rent		
Savings			Food & Household Goods		
HSA/MSA (health, medical savings acct.)			Insurance Auto / Homeowner		
AUTOS:			Insurance Medical		
Make:	Year:	Type:	Electricity		
Make:	Year:	Type:	Water/Garbage		
Make:	Year:	Type:	Phone		
Make:	Year:	Type:	Car Expense		
Value & Description of Real Estate			Day Care Expense		
			Child Support		
Retirement Accounts:			Pharmacy		
Stocks & Bonds					
Other Assets:					
Other Investments:			List Name of Creditor		Unpaid Balance
Recreational Vehicles:					Monthly Payment
Livestock			Real Estate Loan		
TOTAL ASSETS			Auto Loans:		
			Auto Loans:		
MONTHLY INCOME			Bank Loans:		
Applicant's Gross Income			Finance Co. Loan:		
Applicant's Take Home Income			Credit Union Loan:		
Spouse's Gross Income			Owing to Merchants:		
Spouse's Take Home Income			1. Credit Card:		
OTHER SOURCES OF INCOME			2. Credit Card:		
Alimony			3. Credit Card:		
Child Support			Cable/Newspaper/Internet		
Food Stamps			Collection Agencies:		
Pensions			Student Loans		
Social Security			Loans from Other:		
Unemployment			OTHER LOANS		
Veteran's Benefits					
Welfare			Medical Expenses		
Workmen's Compensation					
Income from Interest, Dividends, Rent					
Other					
TOTAL INCOME			TOTAL		

PATIENT'S STATEMENT: I've answered the questions in this Financial Statement fully and truthfully. I hereby authorize St. Joseph Regional Medical Center to contact any and all persons or institutions, and/or obtain a credit report to verify my financial status at the present time.

SIGNED _____ DATE: _____

SIGNED _____ DATE: _____

***** PLEASE COMPLETE BOTH SIDES. *****



Financial Assistance Application

Patient Name: _____

Account Number: _____ Date: ___ / ___ / ___

APPLICANT			CO-APPLICANT		
Full Name			Full Name		
SSN	Birthdate		SSN	Birthdate	
Age of Dependents					
Street Address		Phone	Street Address (if different)		Phone
City/State/Zip		How Long	City/State/Zip		How Long
Previous Address			Previous Address (if different)		
City/State/Zip		How Long	City/State/Zip		How Long
Current Employer		Position	Current Employer		Position
Address	Phone	How Long	Address	Phone	How Long
Nearest Relative NOT living with you			Nearest Relative NOT living with you		
Address		Phone	Address		Phone

(If additional space is needed, please attach a separate sheet of paper.)

COMMENTS YOU FEEL MAY BE IMPORTANT: _____

