

Financial Assistance Application

I. Patient Demographics

Patient Name: _____

DOB: _____ **SSN:** _____ **CI/MRN:** _____ / _____

Guarantor Name: _____ **DOB:** _____ **SSN:** _____

Street Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Have you applied for Financial Assistance with any Healthcare facility in the past? ____ Yes ____ No.

If yes, name of facility _____ date of application or approval? _____

II. Household Information

Marital Status (Circle One)	Married	Single	Separated	Total in Household
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Dependent Name(s)	Dependent Date of Birth

III. Employment/Income

Patient/Guarantor Employer:	
Gross Monthly Income Amount \$	
Income Source- <i>Please attach verification or explanation of current situation</i>	
Spouse or other Income Source and Gross Monthly Amount \$	
Total Annual Gross Household Income \$	
Do you have an active bank account?	Did you file taxes for the prior year?

IV. Insurance Verification

Do you have any health insurance?	YES	NO
Name of Insurance Company:		
Are you employed?	YES	NO
If you have become unemployed within the last 90 days, please provide:		
The name of your last employer and dates of employment:		
Give the name of your employer sponsored insurance carrier:		
Are you eligible for COBRA Benefits?		

I certify that the information provided is true and to the best of my knowledge. I understand that fraudulent or misleading information will make me ineligible for any financial assistance. I authorize the release of any information needed to verify the information provided and for billing and collections in compliance with applicable federal and state laws. Proof of income may be required before any consideration is made. Acceptable proof of income maybe but not limited to: copy of paycheck stubs, copy of last year's tax return, or letter from employer stating present salary and hours worked.

Signature of Patient/Guarantor: _____	Date: _____
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% Federal Poverty Level: _____	Decision Based On: _____				
Comments/Summary: _____					
Signature of Interviewer	Date: _____	Signature of Manager	Date: _____	Approved	Denied
Signature of Director	Date: _____	Signature of VP(if applicable)	Date: _____	Approved	Denied