

Financial Application

**All questions must be answered.
Incomplete applications will not be reviewed.**

Application Date: ___/___/___ Account Number: _____ Balanced Owed: _____

Personal Information

Responsible Party _____ Date of Birth ___/___/___

Social Security Number ___ - ___ - ___ Relationship to Patient _____

Mailing Address _____ City _____ State ___ Zip _____

How long have you lived at the present address _____ Phone Number _____

Employer _____ Employer phone number _____

Job Title _____ How long have you worked for this employer _____

Spouse Information

Spouse Name _____ Date of Birth ___/___/___ SS# ___ - ___ - ___

Mailing Address _____ City _____ State ___ Zip _____

Phone Number _____ Employer _____

Job Title _____ How long have you worked for this employer _____

Nearest relative or friend, other than spouse _____ Phone Number _____

Dependents - Must be claimed on taxes

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Income - Proof of income is required.

Please provide proof of income with either 2 months of pay stubs or copies of income tax statements.

Self \$ _____ monthly

Spouse \$ _____ monthly

Other Income:

Social Security or Disability \$ _____ monthly

Unemployment \$ _____ monthly

Work Comp \$ _____ monthly

Child Support \$ _____ monthly

Food Stamps \$ _____ monthly

Other \$ _____ monthly

Assets: Continue on reverse if needed

Do you own property Yes No

If yes, location of property? _____

Checking Account Yes No

Bank Name: _____

Savings Account Yes No

Bank Name: _____

Certificates of Deposits Yes No

Bank Name: _____

Fixed Monthly Expenses

Total Monthly Income \$ _____

Monthly

Balance

Rent/House Payment	\$ _____	\$ _____
House Insurance Property Tax	\$ _____	\$ _____
Power	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Phones	\$ _____	\$ _____
Water/Sewer/Trash	\$ _____	\$ _____
Automobile Payment #1	\$ _____	\$ _____
Automobile Payment #2	\$ _____	\$ _____
Automobile Insurance	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____

Total \$ _____ (Subtract from income) \$ _____

Variables

Cable	\$ _____	\$ _____
Credit Card	\$ _____	\$ _____
Credit Card	\$ _____	\$ _____
Credit Card	\$ _____	\$ _____

Medical Bills (Please describe)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Misc. Household (please describe)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Other (please describe)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Totals \$ _____ (Subtract from income) \$ _____

Comments

By my signature below, I am swearing that the financial information provided is true and accurate to the best of my knowledge. Providing untrue and/or inaccurate information disqualifies me from any further financial assistance.

Signature: _____ Date _____