



Attachment C

**Patient Financial Assistance Program Application**

Patient First Name		MI	Last Name		
Guarantor's First Name	MI	Last Name	Sex	DOB	Social Security #
Address or PO Box		City	State	Zip	Phone
Guarantor's First Name	MI	Last Name	Sex	DOB	Social Security #
Address or PO Box		City	State	Zip	Phone
# In Household:		Patient Lives in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No			
# of Children Under 18 in the Household:			# of Dependent Children Over 18:		
# of Dependent Children Over 18 that are Full time Students:			# of Dependent Children That are Disabled:		
Real Estate: (Select all That Apply) <input type="checkbox"/> Own <input type="checkbox"/> Rent			Other Real Assets: (Property, Collectibles, etc.):		
<b>Monthly Income Sources</b>		<b>Husband</b>	<b>Wife</b>	<b>Children</b>	<b>Total</b>
Employment					
Social Security					
Industrial Comp					
Unemployment					
Pension/Retirement/Annuities					
ADC, GA, Food Stamps					
Other (rental income, child support, spousal, etc.)					
<b>Total Gross Income</b>					
Employer of Responsible Party:					
Address or PO Box		City	State	Zip	Phone
Position:		Monthly Income \$		Start Date:	
Checking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amount \$		Bank Name:		
Savings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amount \$		Bank Name:		
I certify that the information given hereon is complete and accurate to the best of my knowledge. I understand that deliberate falsification can lead to denial of consideration. I hereby authorize the hospital to make any necessary inquiries to verify the information provided and to obtain any additional information required by facility.					
<b>Applicant Signature:</b>				<b>Date:</b>	
<b>Co-Applicant Signature:</b>			<b>Witness Signature:</b>		

Relationship Of Household Members: Birth or baptismal certificate or adoption papers for minor-age children, marriage license, divorce decree or legal separation documentation.  
 Social Security Cards  
 Proof Of Residency: Current Driver's License, other documents proving residency.  
 Assets: Bank and credit union statements for the last three (3) months, stocks, bonds, securities, time certificates.  
 Income for All Household Members: Checks or check stubs/employer's statement listing gross wages, self-employment business records, income award letters/grant or education benefits letter, other documents showing income. Income Period \_\_\_\_\_ to \_\_\_\_\_  
 Bank Statements for Last Three (3) Months • Previous Year Tax Return

5349 (Init: -5/16) (Please refer to electronic document management system for the most current revision)

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