

INCOME AND ASSETS:*(Please provide information on the income and assets of all the household members)*

INCOME		
Source of Income	Who's Income?	Monthly gross
Wages from employer		
Rental property income		
Social Security		
Alimony/Child Support		
Unemployment		
Other retirement		
TOTAL INCOME:		
CASH ASSETS		
Source of Cash Assets	Who's Cash Asset?	Total amount of cash asset
Checking		
Savings		
Stocks/bonds/CDs		
401K		
TOTAL CASH ASSETS:		

When submitting a financial assistance application, the following documentation must be provided:

- **Government issued photo ID (for example: driver's license)**
- **Valid insurance card - if the patient is covered by insurance**
- **Most current paycheck statement with YTD earnings, or written verification of wages from employer, or public welfare, unemployment benefits, or governmental agencies.**

Statement of understanding and agreement: The information I am providing is true and accurate to the best of my knowledge. I will apply and assist in the application process for any governmental assistance (Medicare, Medicaid, Affordable Health Care Act). I only utilize Private Healthcare Facilities Financial Assistance as a means of last resort. If any information I provide proves to be untrue, Private Healthcare Facilities may reevaluate my financial assistance status and take what action is deemed appropriate.

Signature of Patient

Date

Signature of Guarantor (if different than patient)

Date