Clinch Memorial HOSPITAL

FINANCIAL ASSISTANCE APPLICATION

Today's Date	Social Security #	Date of Birth	Patient Name	Sex

Account Number	Marital Status (check one)	Home Telephone #
	☐ Married ☐ Single ☐ Divorced ☐ Widowed	

Address	City, State, Zip	Cell/Alternate Phone #

Email Address:

Parent/Guardian Name *(if patient is under 21)*	Phone #	Address	City, State, Zip

Parent or Guardian's Employer	Work Phone #	Employer Address	Type of Work

Spouse's Employer	Work Phone #	Employer Address	Type of Work

Do you have insurance Coverage?	Medicare	Medicaid	SSI Disability	Are you or your spouse self-insured?
☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

Do your children have insurance?	Do your children have Medicaid?
☐ No ☐ Yes	☐ No ☐ Yes (if yes) Check one: ☐ Medicaid ☐ Wellcare ☐ Amerigroup ☐ Peach State

List ALL members of your household below (including yourself).

Name	Relationship	Age	Disabled
1			☐ No ☐ Yes
2			☐ No ☐ Yes
3			☐ No ☐ Yes
4			☐ No ☐ Yes

If more than 4 in household, please list the remaining members on a separate sheet of paper

ASSETS – Please fill in ***each*** line, write N/A if applicable to you

You must provide proof of the assets listed below.

Checking Account Balance: $	Real Estate Equity: $
Savings Account Balance: $	Auto Equity: $
CD's: $	401K: $
Other (please specify):	

LIABILITIES – Please fill in ***each*** line, write N/A if not applicable to you.

You must provide proof of the assets listed below.

Rent/Mortgage: $	Car Payment: $
Electricity Bill: $	Telephone Bill: $
Gas Bill: $	Insurance (Health): $
Water Bill: $	Medicine Expense: $
Other (please specify):	

INCOME INFORMATION – Please provide the last four paycheck stubs of ***all employed*** (including children) members of household. A copy of the most recent federal income tax return filed. **Proof** of workers compensation, sick leave, disability compensation, child support, alimony, welfare, or social security retirement **(SSI)**, if applicable.

Name	Source of Income	Amount	Pay Frequency
Patient:			☐ Monthly ☐ Weekly ☐ Bi-weekly
Spouse:			☐ Monthly ☐ Weekly ☐ Bi-weekly
Child:			☐ Monthly ☐ Weekly ☐ Bi-weekly
Child:			☐ Monthly ☐ Weekly ☐ Bi-weekly
Child:			☐ Monthly ☐ Weekly ☐ Bi-weekly
Other (please specify):			

Print Name	Signature	Date