

BON SECOURS MEDICAL GROUP

FINANCIAL ASSISTANCE INFORMATION WORKSHEET

General Information

Practice _____ Account # _____

Patient Last Name _____ First _____ MI _____

SS# _____ Date of Birth _____ Marital Status _____ Phone# _____

Patient Address _____

Guarantor/Spouses Employer _____ Phone# _____

List Name and relationship of all dependents **living in your household for which you have legal custody:**

	<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>Social Security</i>
Guarantor Name				
Spouse Name				
Child Name				
Child Name				
Child Name				

Additional Children may be added to the back of the application.

INCOME	
Total Household/Family Monthly Grosss Income	
Name the Sources of Income Listed Above (ie... Employment, Social Security, Child Support etc...)	
EXPENSES	
Housing: Rent _____ Own _____ Mortgage Balance: _____	Monthly payment: \$ _____
Automobiles	Monthly payment: \$ _____ Monthly payment: \$ _____
List Other expenses:	\$ _____
Total Monthly Expenses	\$ _____
List Other Assets (Rental Property, 2 nd Home, etc...)	Value: \$ _____

Credit Information

Medicare patients are required to submit a copy of the bank statement to validate the following information.

Checking _____ Bank Name _____ Balance _____

Savings _____ Bank Name _____ Balance _____

Stocks or Bonds _____ Value _____

Was treatment for this service due to an accident? Yes _____ No _____ (**Financial Assistance program does not apply to treatment related to work injuries, accidents or other treatment for which you receive compensation for your medical bills, pain and suffering and other damages.**)

Do you have health insurance _____ Insurance name _____ Policy# _____

I CERTIFY THAT:

- The information herein is to be accurate and complete statement of my financial status.
- The finality of any payment arrangement is contingent on the final bill.
- The disposition of this account is ultimately my responsibility.

Signature of Guarantor _____ Date _____

Bon Secours Health System reserves the right to validate information reported in the Financial Assistance application, such efforts to validate personal income or lack thereof, will be conducted in such a manner as to maintain the utmost confidentiality and in no way generate any report by any credit bureau agency that could adversely affect the privacy of the applicant.