

Financial Assistance Application

Henry Mayo Newhall Hospital's Financial Assistance Program provides financial assistance to patients with medically necessary healthcare needs with low-income, uninsured or underinsured, ineligible for a government program, and is otherwise unable to pay for medically necessary care based on their individual family financial situation. To determine if a patient/guarantor qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Name _____ Account Number _____
 Address _____ Phone number _____
 _____ Social Security # _____

Date of Birth ___/___/___ Sex ___ M=Male F=Female Do you own a home? Yes () No ()

Number of dependents filed on tax return: _____ Do you own other property? Yes () No ()

List Dependents: Do you own automobiles? Yes () No ()

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Gender</u>

Household Banking Information Name _____ Balance _____

Business Banking Information Name _____ Balance _____

Wages/Income Monthly Annual

Self Wages	_____	_____
Spouse Wages	_____	_____
Other Family Member Wages	_____	_____
Self-Employment	_____	_____
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment Benefits	_____	_____
Retirement	_____	_____
Alimony / Child Support	_____	_____
Military Family Allotments	_____	_____
Pensions	_____	_____
Income from Rent, Dividends, Interest	_____	_____

Expenses Monthly Annual

Mortgage / Rent	_____	_____
Utilities	_____	_____
Auto Loans	_____	_____
Hospital Bills	_____	_____
Telephone	_____	_____
Food	_____	_____
Credit Cards	_____	_____
Gasoline	_____	_____
Child Care	_____	_____
Credit Cards	_____	_____
Other	_____	_____

Please send the most recent following supporting documentation: Income Tax Filings or W-2s, 3 Bank Statements, 4 Pay Check Stubs, and proof of expenses.

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge.

Print Name

Signature

Date