

**Carlinville Area Hospital Financial Assistance Application**

**Accounts Receivable Information**

Patient Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Balance Due: \_\_\_\_\_

**Patient/Family Information**

Resp Party Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone or Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Spouse Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Numbers of Members in Family: \_\_\_\_\_

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If dependent child is over 18 must provide proof of dependency.

**Income Sources – Verification Required**

Gross Wages – Resp Party: _____	Gross Wages – Spouse: _____
Self Employment: _____	Public Assist/Welfare: _____
Social Security: _____	Work Comp/Unemployment _____
Alimony/Child Support: _____	Pensions: _____
Dividends/Interest: _____	Rents/Royalties: _____
Estates/Trusts: _____	Other: _____
	Total Gross Income: _____

Income sources must be verifiable. Acceptable sources include income tax returns, 1099 benefit statements, copies of W2's, copies of bank statements. If you are currently unemployed, please include the date you were last employed, why you left, and the date you plan on returning to work.

**Asset Sources**

Cash: _____	Bank Name/Acct# _____
Savings: _____	Bank Name/Acct# _____
Other property besides Home Dwelling: _____	Value: _____
Stocks _____	Bonds: _____

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**Certification**

**I/We hereby certify that I/we are of legal age and that the forgoing statements are true and complete. They are made for the purpose of determining my/our eligibility for financial assistance. I/We agree that this statement shall remain your property, whether or not the application is accepted. I/We agree to provide the necessary verification of my/our income and authorize you to make all inquiries that you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness, including, but not limited to procuring consumer reports from consumer reporting agencies, and credit information from bank and other financial institutions.**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_  
If Applicable**