

Beaumont

FINANCIAL ASSISTANCE FORM

Instructions: Complete application, return within 10 days, and attach copies of:

- Tax returns and supporting schedules
- Social Security benefits (if applicable)
- On separate page describe your need for financial assistance
- Pay stubs (3 most recent)
- Bank statements (most recent 3 months/all accounts)
- W-2's or unemployment statements

Patient Information		
Patient Name	Date of Birth (MM/DD/YYYY)	
Address		
Social Security #	Telephone ()	
Responsible Party Information		
Name & Address		
Social Security #	Telephone ()	
Employer Name & Address		
Telephone ()		Occupation
Employment Length	Monthly Salary	No. of Dependents
Driver's License Number		
Spouse Information		
Name & Address		
Social Security #	Telephone ()	
Employer Name & Address		
Telephone ()		Occupation
Employment Length	Monthly Salary	No. of Dependents
Family Group Living in Home		
DEPENDENTS (if more than 5 dependents, use separate page)		
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

Health Insurance Information

Insurance Company	Address	Subscriber	Eligibility Date	Policy & Group #s

Assets / Expenses

RESIDENCE	Monthly Payment	Value	Unpaid Balance
Monthly Mortgage / Rent Payment	\$	\$	\$
Second Residence / Vacation Home	\$	\$	\$
AUTO	Year / Make	Monthly Payment	Unpaid Balance
First Auto		\$	\$
Second Auto		\$	\$

Additional Income Information

TOTAL HOUSEHOLD INCOME	\$		
Child Support	\$	Alimony	\$
Worker's compensation	\$	Unemployment	\$
Social Security / Disability	\$	Unemployment Date / Length	\$
Rental	\$	Land Contract	\$
Dividend / Interest	\$	Trust Fund	\$
Public Assistance	\$	Retirement / Pension	\$

BANK	Location
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I understand this form must be completed in full and have all required documents attached when returned by me so Beaumont can determine if I qualify for financial assistance. If it is not complete, I will receive a written notice that describes the additional information and/or documents required. I have provided true and accurate information, and I agree that Beaumont may investigate this information and obtain my credit history/report.

Applicant

Date

For Internal Use Only
Patient Hospital ID