

# 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	\$

<b>BANK</b>	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