

Financial Statement

Patient Name		Med Rec Number		Account Number
Address	City	State	Zip	How Long?
Telephone Number		If less than one year, Previous Address		
Circle Reason Patient Is Applying Clinic Appointment Payment Arrangements		Pre-Admission Arrangements	Hospital Services	Delinquent Account

Members of Household (including patient): List additional members of household on separate sheet.

	Last Name	First Name	MI	Birthdate	M / S	Social Security Number	Gross Monthly Income
1							
2							
3							
4							
5							
6							

Personal Property. Do you or members of your household have any of the following?:

X	Item	\$ Value	X	Item	\$ Value
	Checks/Cash (on hand, home, elsewhere)			Certificates of Deposit	
	Treasury Bills			Money Market Funds	
	Notes: Mortgages, Deeds of Trust, etc.			Stocks, Bonds, Certificates	
	Checking Account(s): Bank, Address				
	Savings Account(s): Bank, Address				
	Resources which can be converted to cash (specify):				
	Other:				

Motor Vehicles (include autos, trucks, motorcycles, jet skis, motor homes, boats, trailers):

X	Year	Make	Model	Used for Work?	Owner	\$ Value