



PATIENT FINANCIAL STATEMENT

(Please attach proof of income: tax return, payroll check stub and bank statement)

Patient

Last First Middle

Date of Birth

S.S. #

Home Address:

Street / Box City State

Phone #

Guarantor

Last First Middle

Relationship:

Guarantor's Add.:

Street / Box City State

Guar. Phone:

Employer:

Street / Box City State

Emp. Phone:

Employer Address:

Street / Box City State

Occupation:

Employment Status:

How long Employed?

Total Gross Monthly Income:

All other income # of dependents: Ages: (spouse employment, alimony, child support, etc.) (under 18 or under 21 if full time student)

Purpose of Financial Statement:

Credit Score

Bank:

City:

Account Type Account # Balance Other Investments Balance

Own Home Buying Approx. Value: Mortgage Balance

Rent Rent Amount How long?:

Other Property Owned? (Y / N) Approx. Value: Mortgage Balance

Other Assets Value Value Value

Auto # 1: Make Year Amount Owed Value

Auto # 2: Make Year Amount Owed Value

Recreational Vehicles Owned: (boat, motorcycles, atv,campers, etc.) Make Year Amount Owed Value

Patient _____

Income verified by way of:

- _____ Employer Verification
- _____ Payroll Stubs
- _____ Income Tax Return
- _____ Checking Account Audit

Application taken and verified by _____

| BUDGET ANALYSIS | |
|-----------------------|----|
| INCOME: | \$ |
| Gross Income | \$ |
| Other Income | \$ |
| TOTAL INCOME | \$ |
| ASSETS | \$ |
| Home | \$ |
| Auto | \$ |
| Recreational Vehicles | \$ |
| Other | \$ |
| TOTAL ASSETS | \$ |

| DISPOSITION | |
|------------------------------|----------------|
| Approved _____ | Rejected _____ |
| Reason: | |
| Disposition to HFS: | |
| Amount approved for charity: | |
| Settlement Amount: | |
| Comment: | |
| Approved Monthly Payment: | |
| Approved by: | |
| Date: | |

I certify the above information is true and correct. I authorize Charleston Area Medical Center (CAMC) to verify it's accuracy. I further authorize the employers / institutions to release such information to CAMC.

DATE

SIGNATURE

(Please attach proof of income: tax return, payroll check stub and bank statement)