



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:

Employer Address:

Street / Box City State

Emp. Phone: _____

Occupation: _____

Employment Status: _____

How long Employed? _____

Total Gross Monthly Income: _____

All other income

(spouse employment, alimony, child support, etc.)

of dependents: _____

(under 18 or under 21 if full time student)

Ages: _____

Purpose of Financial Statement:

Credit Score

Bank:

City: _____

Account Type _____

Account # _____

Balance _____

Account Type _____

Account # _____

Balance _____

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)