



Financial Assistance Application Form

(Form Must Be **COMPLETELY** Filled Out and returned within 30 days - PLEASE PRINT)

Sturgis Hospital Sturgis Medical Group

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ DOB: _____ Telephone #: _____

Marital Status: Single Married Divorced Widowed Separated (Spouse's income is still required)

Please provide the following information for all the people in your immediate family who live in your home. "Family" is defined as the patient, patient's spouse & children (natural or adoptive) under the age of 18 who live in the patient's home.

INCOME: includes gross (pretax) wages, rental income, unemployment compensation, social security benefits, public assistance, etc. Please include proof of income, such as pay stubs, income tax returns, W-2's, award letters, etc. Your application will be denied without this information.

Income Information

Employer	Patient	Spouse
Gross Wages		
Child Support/Alimony Received		
Pension		
Unemployment Benefits		
Social Security Benefits		
Rental Income Received		
Other Income (<i>please specify</i>)		
TOTAL INCOME		

If you reported zero "0" income please explain how basic food and housing needs were provided prior to the date of service: _____

Checking/Savings Acct Balance \$ _____ IRA Balance \$ _____
Do you have a Health Savings Account? No Yes _____ (Balance)



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Name of Dependent	Birthdate	Relationship
		Spouse
		Child
		Child
		Child
		Child
		Child

Expenses

	Monthly Payments	Outstanding Balance
Mortgage		
Rent		
Auto Loan		
Medical Bills		
Credit Cards: Other: _____		
Utilities; Gas, Oil, Electric		
Other (Please specify)		
TOTAL EXPENSES		

Before determination will be made, the following information may be requested:

- | | |
|--|---|
| <input type="checkbox"/> Prior Year Tax Return | <input type="checkbox"/> Letter of Support |
| <input type="checkbox"/> Current Pay Stub(s) | <input type="checkbox"/> Social Security Record of Income |
| <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Unemployment Letter |

By my signature below, I certify that everything I have stated on this application and on my attachments is true and is subject to verification.

Applicant Signature _____ **Date:** _____

FOR OFFICE USE ONLY:

Application Taken By: _____

Comments: _____

Approval: _____ **Date:** _____

Denied: _____ **Date:** _____