



ACCOUNT #: _____

PATIENT NAME: _____

FINANCIAL STATEMENT

LAST NAME (RESPONSIBLE PARTY)	FIRST	MIDDLE	SOC SEC#	BIRTHDATE
MAILING ADDRESS		HOW LONG		PHONE
CITY	STATE		ZIP	

PATIENT (IF DIFFERENT FROM ABOVE)	
RESPONSIBLE PARTY EMPLOYER (NAME & FULL ADDRESS)	
PHONE	MONTHLY GROSS PAY
	\$
OTHER EMPLOYER (NAME & ADDRESS)	
PHONE	MONTHLY GROSS PAY
	\$
IF UNEMPLOYED NAME LAST EMPLOYER (NAME & ADDRESS)	
	LAST EMPLOYMENT DATE

FAMILY MEMBERS	BIRTHDATE	RELATIONSHIP	EMPLOYER	EMPLOYER PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

DATE COMPLETED _____

MEDICAL EXPENSES – PLEASE INCLUDE BILLS OR STATEMENTS OF BALANCE

PATIENT LIABILITY EXPENSES:

(Enter only those expenses for which the patient or responsible party is totally responsible for paying)

A. PHYSICIAN(S) BILLS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

B. PRESCRIPTION DRUG MEDICATIONS:

(Purchased regularly monthly/weekly, etc.)

_____	_____
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C. EYE CARE:

_____	_____
-------	-------

D. DENTAL BILLS:

_____	_____
-------	-------

E. HOSPITAL/HEALTHCARE FACILITY BILLS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

F. OTHER MEDICAL BILLS/EXPENSES

_____	_____	_____
_____	_____	_____
_____	_____	_____

G. TOTAL OTHER EXPENSES (Add Lines A through F):

_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS:

I CERTIFY THAT ALL STATEMENTS MADE IN THIS FINANCIAL STATEMENT ARE TRUE AND COMPLETE. YOU ARE HEREBY AUTHORIZED TO CHECK MY CREDIT HISTORY IN ORDER TO EVALUATE THIS FINANCIAL STATEMENT.

SIGNATURE: _____

DATE: _____

PLEASE RETURN IN ENCLOSED ENVELOPE OR RETURN TO:
PATIENT FINANCIAL SERVICES • 822 7TH STREET • SUITE 10 • GREELEY • CO • 80631

FOR ASSISTANCE, PLEASE CALL PATIENT FINANCIAL SERVICES
(970) 506-6500 OR 1-800-239-2835



FINANCIAL ASSISTANCE WORKSHEET

FACILITY

PATIENT NAME

EST. AMOUNT \$

ACCOUNT NUMBER

<p>A. ASSETS AND RESOURCES:</p> <p>1. Cash and Securities: _____</p> <p>2. Insurance Cash Values: _____</p> <p>3. Total Liquid Assets: (Line 1 plus Line 2) _____</p> <p>4. Equity in Residence _____</p> <p>5. Vehicles (Net Worth) _____</p> <p>6. All Other Assets _____</p> <p>7. Total Property (Add Line 4 through Line 6): _____</p>	<p>B. INCOME:</p> <p>1. Employment Earnings: _____</p> <p>2. Education Earnings: _____</p> <p>3. Self Employment: _____</p> <p>4. Other Income: _____</p> <p>5. Total Monthly Gross Income (Add Line 1 through Line 4) _____</p> <p>6. Total Annual Gross Income (Line 5 x 12): _____</p> <p>MEDICAL EXPENSES: (Enter only those expenses that are patient responsibility)</p> <p>7. Physician(s) Bills: _____</p> <p>8. Prescription Drugs & Medications: _____</p> <p>9. Eye Care: _____</p> <p>10. Dental Bills: _____</p> <p>11. Hospital/Healthcare Facility Bills: _____</p> <p>12. Other Medical Bills/ Expenses: _____</p> <p>13. Total Medical Expenses: _____</p> <p>14. Total Net Income (Line 6 minus Line 13): _____</p>																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">STATUS</th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">Applicant within Limits</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Liquid Assets \$5,000 or Less</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Equity in Res \$80,000 or Less</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Vehicles/All Other Assets \$10,000 or Less</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Colorado Resident</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Number of Persons in Household</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>		STATUS	YES	NO	Applicant within Limits			Liquid Assets \$5,000 or Less			Equity in Res \$80,000 or Less			Vehicles/All Other Assets \$10,000 or Less			Colorado Resident			Number of Persons in Household		
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<p>OTHER CONSIDERATIONS:</p> <p>_____</p> <p>_____</p>																						

MY SIGNATURE SIGNIFIES THAT THE INFORMATION ABOVE IS TRUE AND CORRECT.

SIGNED BY: _____ DATE: _____
Patient / Responsible Party

REVIEWED BY: _____ DATE: _____
Patient / Responsible Party

APPROVED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____