



Financial Assistance Application

Return to:

Bank of America Lockbox Service
Lockbox 748696
Los Angeles, CA 90074 – 8698

Fin (Account)#	
----------------	--

Please provide one or more of the following:

- A. IRS Form W-2, Wage and Earnings Statement for all Household earnings
- B. Last two pay check stubs for all household earnings
- C. Prior year Tax Returns

And/Or Provide a copy of one of the following

- A. Government Assistance, Social Security, or Worker's Compensation
- B. Unemployment compensation letter

Patient Information:

Patient Name	
Date of Birth	
Social Security #	
Address	
City, State, Zip	
Phone #	



Family Status:

List all dependents that you support: (if applicable)
Please check box if there are no dependents

Name	Age	Relationship

Work Status:

Employment and Occupation: (if applicable)
Please check box if Unemployed

Employer Name	
Position	
Employer Phone Number	
Length of Employment	
Employer Address	
City, State, Zip	

If Self Employed, Name of Business:

Current Monthly Income:



	Patient/Responsible Party	Spouse
Gross Pay	\$	\$
Total Combined Monthly Income		
Total Spent on medical expenses in the last 12 months		

By signing this application, I agree to allow Palomar Health to contact my employer, bank, and other sources, as well as request a credit history for the purpose of determining my Charity Care eligibility. I understand that if I do not qualify for services under the Charity Care guidelines that I will be personally liable for the charges of the services rendered by Palomar Health. I understand that I am entering into a credit transaction. I authorize Palomar Health and/or agent of Palomar Health to access my personal credit profile, credit score, or any other information available from a qualified credit reporting agency.

Signature: _____

Printed

Name: _____

Relationship to patient if signed by other than patient: _____

Date: _____