APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT NAME _____ SPOUSE'S NAME: _____
ADDRESS _____
PHONE NUMBER (_____) _____

CONTACT PERSON & PHONE NUMBER: _____
If Self-Employed, Name of Business _____

SPOUSE EMPLOYER _____ POSITION _____
CONTACT PERSON & PHONE NUMBER _____
If Self-Employed, Name of Business _____

CURRENT MONTHLY INCOME		Patient	Other/Family
	Gross Pay (before deductions)	_____	_____
(Add)	Income from Operating Business (if Self-Employed)	_____	_____
(Add)	Other Income: Interest and Dividends		
	From Real Estate or Personal Property	_____	_____
	Social Security	_____	_____
	Other (specify):	_____	_____
	Alimony or Support Payments Received	_____	_____
(Subtract)	Alimony, Support Payments Paid	_____	_____
(Equals)	Current Monthly Income	_____	_____
	Total Current Monthly Income (add Patient	_____	_____
	+ Spouse) Income from above	_____	_____

FAMILY SIZE (Add Patient, Parents (for minor patients), Spouse, and Children from Above**)**
Total Family Members _____

	YES	NO
Do you have health insurance?	☐	☐
Do you have other insurance that might apply (such as auto policy)?	☐	☐
Were your injuries caused by a third party (a car accident, a slip, or fall)?	☐	☐

When applying only for discount payment program eligibility, Aliso Ridge Behavioral Health may only request recent paystubs or income tax returns for documentation of income. Other forms of documentation of income may be requested, but may not require them. Patients applying only for discount payment program eligibility may receive less financial assistance than what may be available under our Free Care program.

By signing this form, I agree to allow Aliso Ridge Behavioral Health (ARBH) to check employment for the purpose of determining my eligibility for a financial discount, I understand that I may be required to provide proof of the information I am providing in the form of recent pay stubs or tax returns. ARBH will consider other forms of proof of income if submitted.

_____ _____ _____ _____
SIGNATURE DATE Signature of Spouse DATE

ALISO RIDGE BEHAVIORAL HEALTH

APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT ID