



Charity Financial Assistance Application

Patient Name: _____ Patient Visit Number: _____

Patient Date of Birth: _____ Patient Social Security Number: _____

Guarantor Name (If Different): _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Family Size (As reported on tax return): _____ Combined Monthly Income: _____

Family Members:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Table with 2 columns: Question, Yes, No. Rows include: Does Patient have Insurance?, Is Patient Eligible for Medicare?, Is Patient Eligible for Medi-Cal?, Is Patient Eligible for other Government Programs?, Is Patient Self-Pay?

FAMILY INCOME SOURCES

<u>Income</u>	<u>Patient Amount</u>	<u>Spouse Amount</u>
Wage & Salary	_____	_____
Self-Employment	_____	_____
Interest & Dividends	_____	_____
Real Estate Rentals & Leases	_____	_____
Social Security	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Unemployment	_____	_____
Disability	_____	_____
Public Assistance	_____	_____
All Other Income	_____	_____

The following documents are required as proof of income:

1. Copy of recent Federal income tax return.
2. Copy of recent W-2
3. Copy of 2 recent pay stubs
4. Copy of public assistance (i.e. disability, unemployment, social security benefits)

If you are not receiving consistent income, write a brief paragraph on a separate paper stating your financial situation over the last three months. Explain how or from what source you are receiving monies to pay for your basic living expenses such as food and housing.

The above information is accurate and correct to the best of my ability, and I hereby grant Lompoc Valley Medical Center and/or their representative permission to verify this information.

I also understand that I am to submit the appropriate documents as required by LVMC which will reveal family income, deductions and net wages, for a designated time period.

Patient Signature: _____ Date: _____

Guarantor Signature: _____ Date: _____