



PATIENT FINANCIAL ASSESSMENT STATEMENT

RESPONSIBLE PARTY NAME:		LAST	FIRST	MIDDLE
PATIENT NAME IF OTHER THAN RESPONSIBLE PARTY				HOSPITAL ACCOUNT # (S):
SPOUSE				NUMBER OF DEPENDENTS
STREET ADDRESS				HOME PHONE ()
CITY, STATE & ZIP				WORK PHONE ()
OCCUPATION		EMPLOYER (IF SELF EMPLOYED, DESCRIPTION)		
SOCIAL SECURITY #		ADDRESS		
YEARS AT EMPLOYER	SALARY _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY OTHER INCOME: _____ SOURCE _____			

SPOUSE

OCCUPATION		EMPLOYER (IF SELF EMPLOYED, DESCRIPTION)		
SOCIAL SECURITY #		ADDRESS		
PHONE ()	YEARS AT EMPLOYER	SALARY _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY		
OTHER INCOME	SOURCE _____			

ASSETS

LIABILITIES/ MONTHLY TOTALS

<table style="width:100%;"> <tr><td>CASH ON HAND</td><td>\$ _____</td></tr> <tr><td>CHECKING ACCOUNT*</td><td>\$ _____</td></tr> <tr><td>SAVINGS ACCOUNT*</td><td>\$ _____</td></tr> <tr><td>CREDIT UNION ACCOUNT*</td><td>\$ _____</td></tr> <tr><td>REAL ESTATE EQUITY</td><td>\$ _____</td></tr> <tr><td>MOTOR VEHICLES OWNED</td><td>\$ _____</td></tr> <tr><td> MAKE/YEAR</td><td>VALUE _____</td></tr> <tr><td> MAKE/YEAR</td><td>VALUE _____</td></tr> <tr><td>TRUST ACCOUNTS</td><td>\$ _____</td></tr> <tr><td>OTHER SOURCES (STOCK, BONDS)</td><td>\$ _____</td></tr> </table>	CASH ON HAND	\$ _____	CHECKING ACCOUNT*	\$ _____	SAVINGS ACCOUNT*	\$ _____	CREDIT UNION ACCOUNT*	\$ _____	REAL ESTATE EQUITY	\$ _____	MOTOR VEHICLES OWNED	\$ _____	MAKE/YEAR	VALUE _____	MAKE/YEAR	VALUE _____	TRUST ACCOUNTS	\$ _____	OTHER SOURCES (STOCK, BONDS)	\$ _____	<table style="width:100%;"> <tr><td>MORTGAGE/RENT PAYMENT</td><td>\$ _____</td></tr> <tr><td>INSURANCE PREMIUMS:</td><td></td></tr> <tr><td><input type="checkbox"/> AUTO, <input type="checkbox"/> MEDICAL, <input type="checkbox"/> HOME</td><td>\$ _____</td></tr> <tr><td> OTHER: _____</td><td></td></tr> <tr><td>UTILITIES: <input type="checkbox"/> GAS, <input type="checkbox"/> ELECT., <input type="checkbox"/> WATER, <input type="checkbox"/> PHONE</td><td></td></tr> <tr><td></td><td>\$ _____</td></tr> <tr><td>AUTO PAYMENTS</td><td>\$ _____</td></tr> <tr><td>FOOD</td><td>\$ _____</td></tr> <tr><td>OTHER LIABILITIES:</td><td></td></tr> <tr><td>DESCRIPTION</td><td>PAYMENT</td><td>BALANCE</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	MORTGAGE/RENT PAYMENT	\$ _____	INSURANCE PREMIUMS:		<input type="checkbox"/> AUTO, <input type="checkbox"/> MEDICAL, <input type="checkbox"/> HOME	\$ _____	OTHER: _____		UTILITIES: <input type="checkbox"/> GAS, <input type="checkbox"/> ELECT., <input type="checkbox"/> WATER, <input type="checkbox"/> PHONE			\$ _____	AUTO PAYMENTS	\$ _____	FOOD	\$ _____	OTHER LIABILITIES:		DESCRIPTION	PAYMENT	BALANCE						
CASH ON HAND	\$ _____																																															
CHECKING ACCOUNT*	\$ _____																																															
SAVINGS ACCOUNT*	\$ _____																																															
CREDIT UNION ACCOUNT*	\$ _____																																															
REAL ESTATE EQUITY	\$ _____																																															
MOTOR VEHICLES OWNED	\$ _____																																															
MAKE/YEAR	VALUE _____																																															
MAKE/YEAR	VALUE _____																																															
TRUST ACCOUNTS	\$ _____																																															
OTHER SOURCES (STOCK, BONDS)	\$ _____																																															
MORTGAGE/RENT PAYMENT	\$ _____																																															
INSURANCE PREMIUMS:																																																
<input type="checkbox"/> AUTO, <input type="checkbox"/> MEDICAL, <input type="checkbox"/> HOME	\$ _____																																															
OTHER: _____																																																
UTILITIES: <input type="checkbox"/> GAS, <input type="checkbox"/> ELECT., <input type="checkbox"/> WATER, <input type="checkbox"/> PHONE																																																
	\$ _____																																															
AUTO PAYMENTS	\$ _____																																															
FOOD	\$ _____																																															
OTHER LIABILITIES:																																																
DESCRIPTION	PAYMENT	BALANCE																																														

*BANK BRANCH (S) & ACCOUNT NUMBERS: _____

I HEREBY DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY UNDER LAW.

Signature _____ Date _____