



CHINESE HOSPITAL

845 JACKSON STREET, SAN FRANCISCO, CA 94133

Application for Financial Assistance (High Medical Costs) or Charity Care Discount

Individuals who only apply for discount payment program eligibility may receive less financial assistance than what may be available to them under the charity care program (22 CCR Section 96051.8(a)(2)).

Patient Name:	Date of Service:
Patient Number:	

Responsible Party

Name	Marital Status	Social Security Number
Street Address, City, State, Zip	How long at this address	Home Phone
Employer Name and Address		Business Phone
Position/Title	Monthly Income - Gross	Monthly Income - Net
Length of current employment		

SECTION A - For patients 18 years or older only

**Spouse or Domestic Partner
Parent (for patient of any age)**

Name	Social Security Number	
Employer Name and Address		Business Phone
Position/Title	Monthly Income - Gross \$	Monthly Income - Net \$
Length of current employment		



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Dependents of Any Age

Name and Date of Birth of all Dependents in household	Total Number of Dependents
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Disabled Children of Any Age

Name and Date of Birth of all Disabled Children of Any Age in household	Total Number of Disabled Children of Any Age
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SECTION B - For patients below 18 years

Parent or Caretaker Relative (for patients of any age)

Name	Social Security Number	
Employer Name and Address	Business Phone	
Position/Title	Monthly Income - Gross	Monthly Income - Net
Length of current employment		

Additional Parent (for patients under 18 years)

Name	Social Security Number
Employer Name and Address	Business Phone



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Position/Title	Monthly Income - Gross \$	Monthly Income - Net \$
Length of current employment		

Other children of any age of the parent.

Name and Date of Birth of all Children in household	Total Number of Children
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Disabled Children of Any Age

Name and Date of Birth of all Disabled Children of Any Age in household	Total Number of Disabled Children of Any Age
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SECTION C: For ALL Patients

Patient Family Income per Month

Employment Income	\$	Workers' Compensation	\$
Unemployment Benefits	\$	Child Support/Alimony	\$
Social Security	\$	Rental Income	\$
Disability	\$	Other	\$

Patient Family Expenses per Month

Mortgage / Rent Payment	\$	Own Home? (Yes / No):	
Mortgage Balance	\$		
Food	\$	Medical / Dental	\$
Utilities	\$	Doctor - Name	\$
Electric	\$	Doctor - Name	\$
Gas	\$	Doctor - Name	\$
Water / Sewer	\$	Credit Cards	\$
Trash	\$	Visa Limit	\$
Phone	\$	MasterCard Limit	\$
Cable	\$	Discover Limit	\$
Auto Payments	\$	Other Limit	\$
Auto Expenses	\$	Installment Loans	\$
Insurance	\$	Child Support / Alimony	\$
Auto Premium	\$	Miscellaneous expenses	\$
Life Insurance	\$		
Health Insurance	\$		

OFFICE USE ONLY

Gross Income

Net Income

Total Expenses

Total Net Income/(Loss)

To my knowledge the information provided above is true. I authorize a Credit Bureau Report to be secured by the Hospital or its agent to verify my financial standing.

PATIENT/GUARANTOR
SIGNATURE / DATE

Verification of Income for Discount Care and Charity Care

- a) For purposes of determining eligibility for Charity Care and/or Discount Payment, documentation of income shall be limited to recent paystubs or recent income tax returns. Alternatively, although not required, Chinese Hospital may accept other forms of documentation of income like current year W-2 or 1099 earnings statements and/or current Social Security Allotment letter.