

AHMC Healthcare Inc. Financial Assistance Application

AHMC Healthcare Inc.'s Financial Assistance Program provides financial assistance to patients with medically necessary healthcare needs with low-income, uninsured or underinsured, ineligible for a government program, and is otherwise unable to pay for medically necessary care based on their individual family financial situation. To determine if a patient/guarantor qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance. **Please send the completed application and supporting documentation to the facility where services were rendered. Visit the Help with Paying my Bill page on <https://ahmchealth.patientsimple.com/> for more information. You can also find the facility address on your statement.**

Facility: Anaheim Garfield Greater El Monte Monterey Park Parkview San Gabriel
 Seton Coastside Whittier

Name: _____ **Sex:** _____ **Account #:** _____

Date of birth: ____/____/____ **Contact#:** (____) _____ - _____ **SSN:** _____ - _____ - _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Check All That Apply: Own a home Own Other Property Own Automobiles

Dependent Information: # of Dependent on Tax Return: _____

Name	Relationship	Age	Gender

Name of Personal Banking Institution: _____ **Balance:** \$ _____

Name of Business Banking Institution: _____ **Balance:** \$ _____

Monthly Wages/Income

Self Wages: \$ Retirement/Pensions: \$ Spouse Wages: \$ Alimony/Child Support: \$ Other Family Member Wages: \$ Military Family Allotments: \$ Social Security: \$ Rent/Dividends/Interests: \$ Unemployment Benefits: \$

Monthly Expenses

Mortgage/Rent: \$ Utilities: \$ Auto Loans: \$ Hospital Bills: \$ Telephone: \$ Food: \$ Credit Cards: \$ Gasoline: \$ Child Care: \$ Other: \$

Please send the most recent following supporting documentation: Income Tax Filings or W-2s, 3 Bank Statements, 4 Pay Check Stubs, and proof of expenses.

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge.

Print Name Signature Date