



FINANCIAL ASSISTANCE PROGRAM

Patient Name: _____
 Responsible Party: _____
 Address: _____
 Employer: _____
 Spouse's Name: _____
 Employer: _____

Date of Birth: _____
 SSN: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____
 Work Number: _____ **Monthly Gross Income \$** _____
 SSN: _____ **Monthly Gross Income \$** _____
 Work Number: _____

Responsible Party's Other Income \$ _____
Annual Gross Household Income \$ _____

Spouse's Other Income \$ _____

Name & Birthday of ALL Dependents of Household:

Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____

PROOF OF INCOME: A COPY OF ONE OF THE FOLLOWING INFORMATION MUST ACCOMPANY YOUR APPLICATION IN ORDER TO PROCESS

___ Federal Tax Return (most recent) ___ Last 3 months of Pay Stubs (Responsible Party and Spouse) Medicaid Application: ___ In Process ___ Over Income

Other Income Source Documentation:

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> VA Assistance | <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Child Support | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Pension | <input type="checkbox"/> Alimony | <input type="checkbox"/> Cash on Hand (Include Checking) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Workman's Comp. | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby acknowledge that the information, given to Burgess Health Center, is true and correct to the best of my knowledge. I authorize Burgess Health Center to verify any or all information given, and to obtain a consumer credit report to be obtained as deemed necessary. ***Must be returned within 10 business days.***

Patient/Guarantor's Signature: _____ **Date:** _____

PROOF OF INCOME REQUIRED

If you have any questions regarding this form, please contact the Financial Counselor at 712-423-9218 or 712-423-9209.