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**INCOME AND ASSETS:** *(Please provide information on the income and assets of all the household members)*

<b>INCOME</b>		
<b>Source of Income</b>	<b>Who's Income?</b>	<b>Monthly gross</b>
Wages from employer		
Rental property income		
Social Security		
Alimony/Child Support		
Unemployment		
Other retirement		
<b>TOTAL INCOME:</b>		
<b>CASH ASSETS</b>		
<b>Source of Cash Assets</b>	<b>Who's Cash Asset?</b>	<b>Total amount of cash asset</b>
Checking		
Savings		
Stocks/bonds/CDs		
401K		
<b>TOTAL CASH ASSETS:</b>		

**When submitting a financial assistance application, the following documentation must be provided:**

- **Government issued photo ID (for example: driver's license)**
- **Valid insurance card - if the patient is covered by insurance**
- **Most current paycheck statement with YTD earnings, or written verification of wages from employer, or public welfare, unemployment benefits, or governmental agencies.**

**Statement of understanding and agreement:** The information I am providing is true and accurate to the best of my knowledge. I will apply and assist in the application process for any governmental assistance (Medicare, Medicaid, Affordable Health Care Act). I only utilize Baptist Health Care Financial Assistance as a means of last resort. If any information I provide proves to be untrue, Baptist Health Care may reevaluate my financial assistance status and take what action is deemed appropriate.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guarantor (if different than patient)

\_\_\_\_\_  
Date