

THREE RIVERS HOSPITAL
Financial Assistance Program
Exhibit A

Date application mailed/given: _____

PATIENT/GUARANTOR INFORMATION

Name: _____

Guarantor Name: _____

Address: _____

City/State/Zip: _____

Social: _____

Home Phone: _____

Employer: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Supervisor: _____

Hire Date: _____

INCOME

Wages (monthly) \$ _____

Spouse Wages (monthly) \$ _____

Other Income: _____

Child Support \$ _____

Alimony \$ _____

Public Assistance \$ _____

Social Security \$ _____

VA Benefits \$ _____

Other \$ _____

Total monthly income: \$ _____

LIVING ARRANGEMENTS

Total number of persons
in household:

Adults _____ Minors _____

Check One:

Rent _____ Own/Buying _____ Live with relative/friend _____

Landlord/Mortgage Holder _____

Phone Number _____

Monthly rent/payment \$ _____

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Exhibit A

ASSETS

Checking: _____ Yes _____ No Balance _____
Savings: _____ Yes _____ No Balance _____
Cash on Hand: \$ _____
Vehicles: How many? _____
1) Year _____ Make _____ Model _____
2) Year _____ Make _____ Model _____
3) Year _____ Make _____ Model _____

MONTHLY EXPENSES

Car pymt: _____
Loan pymt: _____
Insurance pymts: _____
Electric: _____
Water: _____
Phone/Cell Phone: _____
Gas: _____
Groceries: _____
Medical bills: _____
Other: _____

ADDITIONAL DOCUMENTATION

The following information should be submitted for verification:
Copies of Income Tax Return, Pay Check Stubs, Bank Statements, Denial/Approval for unemployment compensation, Medicaid "Notice of Eligibility Determination" (if applicable), copies of all current utility bills, other monthly bills, other medical/pharmacy bills, real estate appraisals.

The above statement is being given to the hospital to determine my ability to pay my debt. I understand that the information provided by me is subject to verification by the hospital and that any false information will result in denial of any financial assistance by the hospital.

BY MY SIGNATURE BELOW, I HEREBY CERTIFY THAT THE ABOVE INFORMATION
HEREIN IS CORRECT.

Signature _____

Date _____

Received completed on: _____