



PATIENT FINANCIAL ASSESSMENT STATEMENT

RESPONSIBLE PARTY NAME:		LAST	FIRST	MIDDLE
PATIENT NAME IF OTHER THAN RESPONSIBLE PARTY				HOSPITAL ACCOUNT # (S):
SPOUSE				NUMBER OF DEPENDENTS
STREET ADDRESS				HOME PHONE ()
CITY, STATE & ZIP				WORK PHONE ()
OCCUPATION		EMPLOYER (IF SELF EMPLOYED, DESCRIPTION)		
SOCIAL SECURITY #		ADDRESS		
YEARS AT EMPLOYER	SALARY _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY OTHER INCOME: _____ SOURCE _____			

SPOUSE

OCCUPATION		EMPLOYER (IF SELF EMPLOYED, DESCRIPTION)		
SOCIAL SECURITY #		ADDRESS		
PHONE ()	YEARS AT EMPLOYER	SALARY _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY		
OTHER INCOME	SOURCE _____			

ASSETS

LIABILITIES/ MONTHLY TOTALS

<p>CASH ON HAND \$ _____</p> <p>CHECKING ACCOUNT* \$ _____</p> <p>SAVINGS ACCOUNT* \$ _____</p> <p>CREDIT UNION ACCOUNT* \$ _____</p> <p>REAL ESTATE EQUITY \$ _____</p> <p>MOTOR VEHICLES OWNED \$ _____</p> <p style="padding-left: 20px;">MAKE/YEAR VALUE _____</p> <p style="padding-left: 20px;">MAKE/YEAR VALUE _____</p> <p>TRUST ACCOUNTS \$ _____</p> <p>OTHER SOURCES \$ _____</p> <p style="padding-left: 20px;">(STOCK, BONDS)</p>	<p>MORTGAGE/RENT PAYMENT \$ _____</p> <p>INSURANCE PREMIUMS:</p> <p><input type="checkbox"/> AUTO, <input type="checkbox"/> MEDICAL, <input type="checkbox"/> HOME \$ _____</p> <p style="padding-left: 40px;">OTHER: _____</p> <p>UTILITIES: <input type="checkbox"/> GAS, <input type="checkbox"/> ELECT., <input type="checkbox"/> WATER, <input type="checkbox"/> PHONE</p> <p style="text-align: right;">\$ _____</p> <p>AUTO PAYMENTS \$ _____</p> <p>FOOD \$ _____</p> <p>OTHER LIABILITIES:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">DESCRIPTION</th> <th style="width:20%;">PAYMENT</th> <th style="width:40%;">BALANCE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	DESCRIPTION	PAYMENT	BALANCE						
DESCRIPTION	PAYMENT	BALANCE								

*BANK BRANCH (S) & ACCOUNT NUMBERS:

I HEREBY DECLARE THE FOREGOING TO BE TRUE UNDER PENALTY OF PERJURY UNDER LAW.

Signature _____

Date _____