

Section 4: Monthly Household Income: Give the monthly income of yourself and other household members.

	<i>Self</i>	<i>Spouse and/or other household members</i>
Wages/Salaries/Commissions		
Tips/Self-Employment Income	\$ _____	\$ _____
Unemployment or Workers Comp.	\$ _____	\$ _____
Social Security, VA or UMW benefits	\$ _____	\$ _____
Pension or Retirement Income	\$ _____	\$ _____
Sick or Union Benefits	\$ _____	\$ _____
Dividends and interest	\$ _____	\$ _____
Child Support or Alimony	\$ _____	\$ _____
Cashed Insurance policies	\$ _____	\$ _____
Inheritance/Lawsuit settlement		
Scholarships received in last 12 mo.	\$ _____	\$ _____
Total Monthly Household Income	\$ _____	\$ _____

Section 5: Liquid Assets: Give the monthly income of yourself and other household members

	<i>Self</i>	<i>Spouse and/or other household members</i>
Cash on hand	\$ _____	\$ _____
Checking Account(s) List All	\$ _____	\$ _____
Savings Account(s) List All	\$ _____	\$ _____
Credit Union/Christmas or Vacation Club(s)	\$ _____	\$ _____
Other Assets- TSA, IRA, CD's		
Bonds, Stocks, Other Financial Investments	\$ _____	\$ _____
Rental Properties	\$ _____	\$ _____
Other Assets not listed above	\$ _____	\$ _____

Section 6: Answer questions about ownership of real estate and vehicles

Real Estate Value: \$ _____ Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Other Property: \$ _____ Mortgage Balance: \$ _____ Monthly Payment: \$ _____

Motor Vehicle Information: Make: _____ Model: _____ Year: _____

Own Lease Monthly Payment: \$ _____

Section 7: Monthly Household Expenses:

Mortgage/Rent: _____ Utilities: \$ _____ Real Estate Taxes: \$ _____

Food: \$ _____ Other, expenses (please describe): \$ _____

Additional Comments: _____

NOTE:

All applicants must provide a copy of their most recent signed tax return (form 1040)

Check here if you DO NOT file and income tax return

Reason no tax return filed: _____

Required with this application:

- a) Copies of four most recent paycheck stubs
- b) If self employed - Self-employment tax schedules or most recent financial statements, plus recent bank statement.
- c) Medical Assistance Denial

Disclaimer: I have read this application in full or have had it read to me. I understand the information I have provided will be used only by Excela Health to process my Patient Financial Assistance Application and all information provided will remain confidential. I understand the documents sent to Excela Health to be used in the financial assistance process will not be returned to me. I agree to provide or cooperate in obtaining any additional document needed for the financial assistance process. I certify that all information supplied in this application is true and accurate to the best of my knowledge. If any information that I have given proves to be untrue, Excela Health may reverse any financial assistance that has been approved, making me liable for the balance(s).

Signature

Date

Relationship to Patient(s)