

Financial Assistance Application

FINANCIAL ASSISTANCE APPLICATION					Please send completed application and all required supporting documents to: Pratt Regional Medical Center				
Guarantor #									
PATIENT INFORMATI	ON				200 Commo	dore St.	Pratt, KS 671	24	
Patient Name:					Is patient a US Citizer		zen?	Yes	No
(first, middle, last)					Permanent	Resider	nt?	Yes	No
Patient Date of Birth:		Patient Soc	cial Security #	:					
INSURANCE INFORM	-						T	<u> </u>	
Is patient covered by health insurance?							Yes	No	
Has patient applied for		enefits with	in the last 6	months?			Yes	No	
If No, please e							•	•	
Has patient been denie	ed Medicaid	benefits wi	thin the last	t 6 months?			Yes	No	
If patient was den	nied Medical	id benefits v	vithin the la	st 6 months	s, please atta	ach a co _l	by of the der	nial notice	9
Does patient have a lav	wsuit, settle	ement, perso	onal injury, v	work comp,	or liability c	aim	Yes	No	
pending?							res	INO	
Please check all boxe	s that apply	y to the pat	ient, and a	ttach the s	upporting d	ocumen	tation		
Patient Me	dicaid eligib	le but not o	n date of se	rvice, or no	t eligible for	non cov	ered service	S	
Patient dec	Dat	e of Death:							
Patient incarcerated		Date of incarceration:							
Patient hor	neless	Explain:							
GUARANTOR INFORM	MATION								
Guarantor	Relationship	to Patient:	Self	Spouse	Mother	Fath	er	Grand	lparent
Other (explain)									
Guarantor Name: (firs	t, middle, la	ıst)							
	et Address:								
City:				State:			Zip:		
Guarantor Home #:				Cell #:			•	•	
Guarantor Social									
Security #:				Gua	rantor Date	of Birth:			
Household size:			Ma	artial status:		Single		Married	
Employment status:				Divorced		Legally	separated		
Full Time					eparated, pl	ease att	ach legal sep	paration r	notice
Part Time				Widowed					
Self Emplo	yed								
Unemploye	ed <i>(if un</i>	employed p	lease provid	de dates of l	unemployme	ent in se	ction below)		
Student	If you are a	a student an	d rely on st	udent loans	to pay basic	c living e	xpenses, ple	ease prov	⁄ide
	copies of s	student loan	amounts ai	nd allocatior	ns				
Employer Name ar	nd Address:								
Hire Date:		Но	low often are you Paid?		Weekly		Bi-weekly		
Are you claimed on sor	Are you claimed on someone				Monthly		Semi-monthly		
else's taxes as a deper		No	If Unemplo	yed, please	provide dat	es of un	employment	t period:	
Gross Monthly Salary			From:			To:			

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SPOUSE INFORMATION								
Spouse Name: (first, r	niddle, last)							
Spouse Social Security #				Date of Birth:				
Employment Status:	·		Self Employed		Student Une		mployed	
If Unemployed, please	provide dat	es of unem	ployment pe	eriod:	From: To:			
Employer Name and Ad	ddress:		· · · · · · · · · · · · · · · · · · ·					
Hire Date:		Н	ow often are	e you Paid?	Weekly		Bi-weekly	
					Monthly		Semi-monthly	
Is spouse claimed on someon		e else's taxes as a dependent?		Yes	No	,		
Spouse's Gross Month						J		
DEPENDENT INFORMA		nore than 6	use separa	ate page)				
Full Name: (first, middle, la				Relationship:		Claimed	d on taxes?	
i an itanie. (mot, imade, i		·				· ·	Yes	□No
							Yes	 □ No
							Yes	No
							Yes	□ No
							Yes	□ No
							Yes	□ No
TOTAL INCOME INFO	RMATION	(enter mon	thly amoun	its)				
Gross Wages: \$		(011101 111011	Worker Co					
Pension/Retirement: \$			Unemployment: \$		<u> </u>		Misc.: \$	
Rental Income: \$			Alimony/Child Support: \$		•			
Veterans Benefits: \$			Interest/Div					
Short/Long Term Disab	ility: \$				locial Securit	ty: \$		
	Short/Long Term Disability: \$ SSI/SSDI Social Security: \$ PROPERTY INFORMATION							
Type:		Monthly	Payment:	Estimate	ed Value:		Unpaid Ba	lance:
Primary home								
2nd mortgage								
Secondary/Vacation home								
Rental property								
Land								
AUTO/MOTORCYCLE	/RV/BOAT/	JET SKI/TF	RAVEL TRA	ILER/ETC II	NFORMATIO	ON		
Type/Make/Model/Year				Estimated Value:		Unpaid Balance:		
. ypojiviakojiviodolji todi		<u>- </u>	,					
MONETARY ASSET IN	IFORMATI	ON					<u> </u>	
Checking Balance \$			Savings Ba	lance \$			CD :	\$
Stocks/Bonds \$			IRA \$			401k \$		-
403b \$		Others (HS				101π φ		
Certification: By signing below, I certify that the all of the preceding information is true and correct. I								
understand that this information may be reviewed in conjunction with a credit report, and I further								
understand that if I knowingly provide untrue information in the application, I will be ineligible for financial								
assistance and any financial assistance granted to me may be reversed and I would be responsible for the								
medical bills.								
Guarantor Signature:						Date:		
Spouse (if applicable):						Date:		

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Instructions for Completing The Financial Assistance Application

Please complete the Financial Assistance Application and attach copies of each of the following: (please be aware that it is important that you send photo copies of these documents and not the originals, as we are unable to return original documents to you)

- Two most recent paystubs from your current employer(s)
- Two most recent paystubs from your spouse's (if applicable) current employer(s)
- Two most recent bank statements from all checking and savings accounts owned by you and/or your spouse
- Last Year's Federal Tax Return (if you did not file taxes, please explain why in the letter space provided below) Recent 401k/Retirement/CD/etc. Statements
- Most recent Unemployment Benefit Statement
- Most recent Property Tax Statement
- Most recent Social Security/Disability Benefit Letter
- Most recent Mortgage Balance Statement
- If not working and you depend on help from others for basic living needs, please provide a letter from those that are helping you, explaining how they have assisted you
- If you rely on student loans for living expenses, please provide proof of 2 most recent semester loan allocations
- If patient is not a US Citizen, but is a Permanent Resident, please provide a copy of their US Resident Card

Please write a letter in the space provided below, to describe your current fin unable to pay your balance or make monthly payments. Please be specific. (u		
Guarantor Signature:	Date:	

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