

FINANCIAL APPLICATION

Patient Name(s) _____ Date of service _____
Guarantor's Name _____ Relationship to patient _____
Social Security # _____ Date of Birth _____ Male ___ Female ___
Marital Status (circle): Married Single
Home Phone # _____ Cell Phone # _____ Work # _____
Current Address _____
County _____ How Long? _____ Employer _____ How Long? _____
Does employer offer health insurance? (Circle) Yes No Cost of coverage per month: Family \$ _____ Single \$ _____
Was hospital visit due to an accident? (Circle) Yes No
Was liability insurance involved? (Circle) Yes No
If yes for liability insurance, provide name/phone number/address/policy information of insurance

If unemployed, for how long? _____
Person responsible for this account _____ Relationship _____ Phone # _____
Responsible Party's Employer _____ How long? _____
Name of Bank _____ Savings Account # _____
Checking account # _____ Other Accounts # _____
How many people live in the household? _____ Relationship? _____
Have you ever applied for SSI/Disability? (Circle) Yes No When did you last apply? _____
Is the case still open and pending a decision? _____ If denied, have you filed an appeal? (Circle) Yes No
Do you receive food stamps _____ Please provide certification letter

MONTHLY INCOME AND EXPENSE SUMMARY

Income
Monthly income received (all sources) \$ _____
Expenses
Rent/mortgage \$ _____
Auto Loans \$ _____
Health Insurance \$ _____
Car and House Insurance \$ _____
Utilities Bills (all) \$ _____ \$ _____ \$ _____
Total expenses \$ _____

List any family members in the household as listed on your Income Tax Return:

Name _____ Date of Birth _____ Social Security # _____
Name _____ Date of Birth _____ Social Security # _____
Name _____ Date of Birth _____ Social Security # _____
Name _____ Date of Birth _____ Social Security # _____

CONSENT FOR RELEASE OF CREDIT INFORMATION

I authorize Baptist Health System, Inc. or its designated agent to obtain a consumer report about me from Equifax, a consumer reporting agency that collects consumer credit information and issue reports based on that information. Baptist Health System, Inc. will use the report in reviewing my account to determine my ability to pay for medical services. I understand that a consumer report contains information relating to my credit standing, credit capacity, character, general reputation, person characteristics, and standard of living. I understand that by giving this consent, a consumer reporting agency such as Equifax, may provide Baptist Health System, Inc. with a consumer report about me, in accordance with the Fair Credit Reporting Act.

I also certify that all of the information provided is true and accurate.

Signature Date
Printed Name: _____