Financial Disclosure Form

TO BE COMPLETED BY PERSON RESPONSIBLE FOR PAYMENT

The information requested is to allow us to assist you in establishing a reasonable payment option. Your information is confidential. You must provide us with complete information to enable us to determine how we can help you.

Patient Information:

Name: _____ **SSN:** _____ **Date of Birth:** _____

Address: _____ **Phone:** _____
Street City State Zip

Responsible Party:

Name: _____ **SSN:** _____ **Date of Birth:** _____

Address: _____ **Phone:** _____
Street City State Zip

Drivers License #: _____ **State:** _____

Employer Name: _____ **How Long?** _____

Monthly Gross Income: _____

Dependents/Spouse (Of Responsible Party):

Name: _____ **SSN:** _____ **Date of Birth:** _____

Address: _____ **Phone:** _____
Street City State Zip

Drivers License #: _____ **State:** _____

Employer Name: _____ **How Long?** _____

Monthly Gross Income: _____

Dependents other than spouse for which you provide food & shelter:

Ages: _____

Are any of the above dependents disabled? _____ **Disability:** _____

Other Income:
Other than your job/jobs, is there any other source of income in the household? _____

Source: _____ **Monthly Amount:** _____

Please list all assets:

Home Value: $ _____ **Mortgage Balance: $** _____

Do you have a home equity loan? Yes/No If so, when was it initiated? _____

Amount of loan $ _____ **Balance $** _____ **Payment amount $** _____

Cars:	**$**	**Checking:**	**$**
Savings:	**$**	**Stocks/Bonds:**	**$**
Life Ins.:	**$**	**Retirement:**	**$**
Other:	**$**	**Real Estate:**	**$**
Other:	**$**	**IRA/401K:**	**$**

Please list all monthly expenses:

Expense	Monthly Payment	Balance	Comments/Purpose
Food	**$**	**$**	
Gas	**$**	**$**	
Electric	**$**	**$**	
Water	**$**	**$**	
Phone	**$**	**$**	
Cable	**$**	**$**	
Fuel/Transport	**$**	**$**	
Rent/Mortgage	**$**	**$**	
Insurance/home	**$**	**$**	
Insurance/health	**$**	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
	$	**$**	
Total Monthly Expenses:	**$**		

Please list any other financial conditions which should be considered in establishing financial need: