

Date:

Baptist Jacksonville **Baptist South Baptist Beaches** Baptist Nassau Baptist Clay Baptist Town Center Baptist North Wolfson Children's Hospital

## **Financial Assistance Application for Hospital Services**

Account:

Patient Information		Guarantor Information (if different than patient)				
Name:		Name:				
Street:		Street:				
City:		City:				
State:	Zip Code:	State:	Zip Code:			
Home Phone:		Home Phone:				
Work Phone:		Work Phone:				
Date of Birth:		Date of Birth:				
Social Security #:		Social Security #:				
Marital Status:		Marital Status:				

Include information for self, spouse, dependent children under age 18 living in household and dependent full-time students under age 25 Relationship **Date of Birth Social Security #** Name

Employment /Income History
List employment and other sources/amounts of weekly income for the past twelve (12) months for all family members

Family Member	Employer	Employer Telephone #	Monthly Wages	Date of Employment
				MM/YR – MM/YR

## Other Income History

List all other sources of monthly income for the past twelve (12) months for all family members

Other Monthly	Family Member	Froi		To	Amount		
Income	Name	1101	· <del></del>		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Social Security	- 100-2-0						
Investment Income							
Pension							
SSI							
Unemployment							
Worker's Comp							
Alimony							
TANF							
VA Benefits							
Rental Property							
Insurance Annuity							
Child Support							
Interest Income							
Other							
<b>Total Other</b>							
Income							
<b>Grand Total Wages</b>							
and Other Income							
		Asset					
Cash, Savings, Check			\$				
Certificate of Deposits \$							
<u> </u>			\$				
Stocks, Mutual Funds, Trust Funds			\$				
Retirement Income (401K, 403K, IRA's)			\$				
Do you own secondary homes/property other than \$			\$				
your primary residence: Yes No			(Fair Market Value)				
Secondary home/prop	perty address						
Total Assets			\$				
information on this application for of income to validate charity care	y spouse current and past employers r Financial Assistance is true and co- eligibility. h to obtain a credit report to assist in	orrect to the best of	my knowledge	e. Baptist Health System, at its			
	ection 817.50 of the Floose of obtaining goods						
Applicant/Guarantor:				Date:			
Witness:			,	Date:			
Hospital Representative:				Date:			
For Hospital Verification of Wages							
Employer:		,	Verified Wa	iges:			
Company Representative:			Employee S	ignature:			