

FINANCIAL STATEMENT

FOR HOSPITAL USE ONLY

Patient Name: _____ Acct # _____ Date of Serv: _____

Guarantor 's Name: _____ Relationship: _____

Guarantor Employer: _____ **Guar SS#** _____ **Family Size** _____

How long employed? _____ **Gross Monthly Salary:** _____ **If unemployed how long?** _____

Spouses' Name: _____ **Employer:** _____

How long employed? _____ **Gross Monthly Salary:** _____ **If unemployed how long?** _____

Name & address of nearest relative not living with you: Relationship: _____

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Telephone Number: _____

Income from all sources, including child support, SSI Pension, etc., give source & amount of income: _____

Medical expenses during the last twelve (12) months (paid & unpaid).

Doctor/Hospital (include address) Total Charge Monthly Pmt Balance

				VALUE	BAL. OWED	MONTHLY PMT
Buying-Mortgage Holder		Purchase Amt\$ _____				
Renting Landlord		Deposit Amt\$ _____				
Auto's	Make	Year	Lien Holder			
1.						
2.						
Other Assets Stocks, Bonds, IRA (describe)						
Alimony/Child Support						

Have you ever had a repossession? YES or NO **Filed Bankruptcy? YES or NO** Date _____

Savings account location _____ Account Balance _____

Checking account location _____ Account Balance _____

Special Notes: _____

This Financial Statement which I certify as setting forth all of my obligations and being completed and accurate, is made with the intent to rely thereon in extending credit to me. This application shall remain your property in any event. I authorize Yuma Regional Medical Center to obtain such information it may require concerning the statements made in the application. And further, I agree to give immediate written notice of any change in my financial condition, it is understood and agreed that this financial statement may be disclosed to any governmental agency which may be responsible for payment of all or a part of the patient's bill.

Responsible Party Signature

Date

Witness Signature

8577

