

MARION GENERAL HOSPITAL, INC.
FINANCIAL ASSISTANCE POLICY (FAP) APPLICATION
Business Office – 765/660-6100

A. PATIENT AND FAMILY INFORMATION

PATIENT NAME: _____ SS#: _____ Birth Date: _____

MARITAL STATUS _____ (Married/Single)

SPOUSE/GUARANTOR NAME: _____ SS#: _____ Birth Date: _____

NUMBER OF DEPENDENTS _____

LIST DEPENDENTS _____ SS# _____ Birth Date _____

LIST DEPENDENTS _____ SS# _____ Birth Date _____

LIST DEPENDENTS _____ SS# _____ Birth Date _____

LIST DEPENDENTS _____ SS# _____ Birth Date _____

LIST DEPENDENTS _____ SS# _____ Birth Date _____

LIST DEPENDENTS _____ SS# _____ Birth Date _____

NOTE: NUMBER OF DEPENDENTS IN HOUSEHOLD INCLUDING PATIENT AND THE FOLLOWING INDIVIDUALS WHO LIVE WITH THE PATIENT. PATIENT'S SPOUSE, PATIENT'S BIOLOGICAL, ADOPTIVE OR STEP CHILDREN UNDER THE AGE OF 18.

B. EMPLOYMENT INFORMATION

GROSS MONTHLY INCOME BEFORE TAXES _____

NOTE: Documentation may be requested to support income submitted: Last year's income tax return or W-2 forms, verification of Social Security and/or pension benefits or other proof of annual income.

C. ASSETS:

- a. NAME OF BANK _____
 - b. CHECKING \$ _____ SAVINGS \$ _____ CD \$ _____
 - c. ESTIMATED HOME VALUE _____
-

VERIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

I understand that the statements I have made on this form are subject to investigation and verification. I understand that I will be asked to provide proof of the information which I have given on this form, and I agree to help the Hospital obtain the necessary verifications. I hereby authorize the release of wage information, financial information from banks and other financial institutions and from the Department of Health and Human Services to the Hospital.

Patient's Signature: _____ Date: _____

Spouse/Guarantor's
Signature: _____ Date: _____

Please do not hesitate to contact us if you have any questions at 765/660-6100. Our office hours are 8:00 a.m. to 4:30 p.m. Monday thru Friday.