



**Income:** Please refer to cover letter to determine income.

Source of Income	Household Member	Amount Received	W-Weekly B-Biweekly M- Monthly A-Annually

**Banking and Investments:** Include all bank accounts, savings accounts, retirement accounts (IRA, Pension Fund, 401k, 403b, etc), money markets, mutual funds, etc.

Banking/Investments	Amount	Comments

**Other Assets:** Includes real or personal property EXCEPT patient home (primary residence) and personal vehicles. Examples of assets to include are rental property, vacant lots, farm acreage, business property, vacation property, boats, motor homes, all terrain vehicles, etc.

Property:	Estimated Value	Amount Owed on Property	Net Value

**Please explain why you are requesting financial assistance. If you are not able to provide requested documentation please explain why.**

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**If your income/lifestyle has changed, please explain and provide documentation (i.e. loss of job, death in the family, divorce, extraordinary medical bills or other expenses, etc.)**

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This Patient Financial Statement should be signed and dated by all applicable parties in order to process your application.

I represent that the information provided is true and accurate to the best of my knowledge. St. John's Mercy Health Care is hereby authorized to obtain a credit report in connection with the social security number which I, as payor and signer of this form, certify to be my legally assigned individual social security number.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

I represent that the information provided is true and accurate to the best of my knowledge. St. John's Mercy Health Care is hereby authorized to obtain a credit report in connection with the social security number which I, as payor and signer of this form, certify to be my legally assigned individual social security number.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date