Community Hospital of Bremen
OUR FAMILY CARING FOR YOURS

FINANCIAL ASSISTANCE APPLICATION

- Pay Stubs (Most recent 3)
- Social Security Benefits
- Bank Statements (Most recent 3 months)
- Unemployment Statements (Last 2 quarters)
- Tax Return including W2 and supporting schedules

Patient/Responsible Party

Name (First, Middle, Last)	Social Security Number	Date of Birth
Address	City, State, Zip Code	
Phone Number	Marital Status	Household size (Patient, Spouse, Dependents)
Email address:		
Employment status (Full time, Part time, Unemployed)	Unemployed Date:	
Employer Name		
Gross Income:	Pay Cycle (Hourly, Weekly, Bi-Weekly)	Hire date:

Spouse/Partner

Name (First, Middle, Last)	Social Security Number	Date of Birth
Employment status (Full time, Part time, Unemployed)	Unemployed Date:	
Employer Name		
Gross Income:	Pay Cycle (Hourly, Weekly, Bi-Weekly)	Hire date:

Dependents

Full Name	Relationship	Date of Birth
1.		
2.		
3.		
4.		

Source of Income

Income Description	Monthly Income Amount
Pension/Retirement	
Rental Income	
Social Security	
Child Support	
Disability	
Interest/Dividends	
Unemployment	
Other:	

Bank Accounts

Bank Name	Type (checking/savings)	Account Number	Balance

Insurance

Medical Coverage (Yes/No)	Insurance Company

Medical Expenses

Medical	Other

Other Assets (stocks, bonds, trusts, IRA, 401k, CD, life insurance cash value, etc.)

Type	Value

I certify that all the information is true and complete to the best of my knowledge. I understand that information provided will be verified and treated as personal and confidential. I further authorize Community Hospital of Bremen to obtain credit report, banking information, and employment information. I understand that I must provide verification of income, dependents, bank statements, pay vouchers and tax statements. I also understand that I will be liable for full payment of any services rendered at Community Hospital of Bremen if the above information is given under false pretenses.

Guarantor Signature: _____ Date _____

Spouse Signature: _____ Date _____