SAINT SIMONS
BY-THE-SEA
A TRADITION OF EXCELLENCE

FINANCIAL DISCLOSURE FORM

_____

Patient/Guarantor **Patient Account Number**

_____

Social Security Number **Date of Birth**

_____

Employer **Phone Number**

Gross Monthly Income: **$_____**
Additional Income (Child Support/Alimony/Etc.): **$_____**
Total Monthly Gross Household Income: **$_____**

Number of Dependents (including Self):_____

Housing: Own or Rent (circle one) **Monthly Payment: $_____**

Do you have any of the assets listed below? If so, please provide details.
Checking Account: **$_____**
Savings Account: **$_____**
Money Market Fund/Stocks: **$_____**

Please list any other financial information to be considered in determining your ability for payment:
_____
_____

To receive healthcare at a reduced cost to you, you must cooperate fully with our need for accurate and detailed financial information, including the timely production of necessary documentation to support this disclosure. Completion of this form does not guarantee that you will be eligible for a cost reduction in your healthcare.

I authorize representatives of St. Simons By The Sea and its affiliates to verify the information on this form and to release any of my information for payment purposes. The information given above is true and complete and I agree to notify St. Simons By The Sea of any changes in my financial situation. I further authorize St. Simons By The Sea and its affiliates to review and inquire into my credit history using any means available, including a credit bureau history report.

Signed: _____ Date: _____

Witness: _____ Date: _____

2015 Federal Poverty Guidelines – 125%				
Family Size	**Annual Income**	**Monthly Income**	**Above**	**Below**
1	**$14,712**	**$1,226**		
2	**$19,912**	**$1,659**		
3	**$25,112**	**$2,092**		
4	**$30,312**	**$2,526**		
5	**$35,512**	**$2,959**		
6	**$40,712**	**$3,392**		
7	**$45,912**	**$3,826**		
8	**$51,112**	**$4,259**		
FOR EACH ADDITIONAL PERSON ADD $4160				

Patient Signature: _____ Date: _____

Business Office:_____ Date:_____