SAINT SIMONS BY THE SEA

Financial Disclosure Form

This form is to be completed by the person responsible for bill. The information requested is to allow us to assist you in establishing a reasonable payment program and is confidential.

Patient Name: _____ Address: _____
(Last, First, Middle)

Phone Number: _____

_____ ___/___/___ ___/___/___ ___/___/___
Patient Account No. Date of Admission Date of Birth Social Security Number

Are you currently disabled? ☐ Yes ☐ No If yes, please list disability: _____

Employer: _____ Phone #: _____

Gross Monthly Income: $ -
Additional Income (spouse, child support, alimony): $ -
Total Gross Monthly Household Income: $ -

Number of dependents including self: _____

Housing: ☐ Own ☐ Rent
Monthly Payment: $ -

Do you have any of the assets list below? If so, please provide details.

☐ Checking Account $ -
☐ Savings Account $ -
☐ Money Market Fund/Stocks $ -
☐ Real Estate $ -
☐ Other $ -

Total Assets: $ -

Do you have any of the monthly expenses list below? If so, please provide details.

☐ Food $ -
☐ Gas/Heat $ -
☐ Electric $ -
☐ Water $ -
☐ Telephone $ -
☐ Alimony/Child Support $ -
☐ Car/Health/Life Insurance $ -
☐ Credit Card $ -
☐ 2nd Mortgage $ -
☐ Auto Loan $ -

Totally Monthly Expenses: $ -

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 Financial Disclosure Form does not guarantee that you will be eligible for a cost reduction in your healthcare.

I authorize representatives of Saint 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. I agree to notify Saint Simons By The Sea of any changes in my financial situation. I further authorize Saint Simons By The Sea and its affiliated to review and inquire into my credit history using any means available, including using a Credit Bureau History Report.

Patient/Guarantor Signature

Date

Patient Name

Relationship

Witness

Date