

San Mateo Medical Center's Patient Financial Status Form (Appeal Level 1)

Name of Applicant _____
 Applicant Birthdate ____/____/_____
 Applicant Social Security # ____-____-_____
 Applicant Medical Record # _____

Name of Spouse _____
 Spouse Birthdate ____/____/_____
 Spouse Social Security # ____-____-_____
 Spouse Medical Record # _____

MONTHLY NET INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT	ASSETS	ACCOUNT TYPE & NUMBER	AMOUNT
Net Wages (after taxes)	\$	Home: Mortgage Insurance Taxes	\$ \$ \$	Bank Name (e.g. Bank of America)	Type: Checking, savings, money market, CD account, retirement, etc. (e.g. Checking Acct-11111-34567)	N/A
Rent (income)	\$	Rent (expense)	\$			\$
Self-Employment	\$	Food	\$			\$
Unemployment (EDD)	\$	Utilities	\$			\$
Workers' Comp	\$	Clothing	\$	Cash on Hand	Not Applicable (N/A)	\$
Public Assistance: General Assistance CalWorks Other	\$ \$ \$	Auto: Payments Insurance Gas Maintenance	\$ \$ \$ \$	Investments: Stocks Bonds Treasury Bills Other Securities		\$ \$ \$ \$
Social Security Disability	\$	Public Transportation	\$	OTHER ASSETS	ADDITIONAL INFORMATION	AMOUNT
Retirement Income: Social Security Pension Other	\$ \$ \$	Healthcare: Clinic visits Prescriptions Insurance premiums Co-pays	\$ \$ \$ \$	Automobiles: Vehicle #1 Vehicle #2 Vehicle #3 Vehicle #4	Make, Model, Year	N/A
State Disability	\$	Childcare Cost (or other Dependant Care)	\$	Life Insurance (Cash Surrender Value)	Policy Number:	\$
Child Support (income)	\$	Child Support (expense)	\$	Real Estate Property: Address #1	Lender, Account # and Loan Amount	Loan Balance \$
Alimony (income)	\$	Alimony (expense)	\$			
Financial Assistance (family or friends)	\$	Life Insurance Premium	\$			
Investments: Dividends Interest Annuity Other	\$ \$ \$ \$	Credit Card Payments Name, Acct #	\$ \$ \$	Address #2	Lender, Account # and Loan Amount	Loan Balance \$
Other (Specify)	\$ \$ \$ \$	Other (Specify)	\$ \$ \$ \$	Other (Specify)		\$ \$ \$ \$
Total Net Income	\$	Total Expenses	\$	Total Assets	N/A	\$

1. If your expenses this month are more than your income, how are you paying the difference (savings account, loan, help from someone else, etc.)? You will need to bring in the following applicable documentation to show how you paid the difference: bank statements, a letter from the person who is helping you, or other documentation.

Documents provided: _____

2. If you are not able to pay all of your expenses this month, which expenses are you not able to pay? You will need to bring in the following applicable documentation which shows that you do not have enough money to pay your monthly expenses: bank statements, overdue bills, receipts showing you only paid part of a bill, or other documentation.

Documents provided: _____

3. My plan to meet next month's expenses is _____

4. If you owe money, please write down the total amounts of all outstanding debt.

Credit Cards \$ _____ Car Loans \$ _____

Bills \$ _____ Property Loans \$ _____

Child Support \$ _____ Other \$ _____

5. Please add any other information about your financial situation.

I declare under penalty of perjury that the above information is true and correct. Further, by signing below, I hereby authorize County personnel, agents or contractors, to verify and/or investigate my eligibility. Such investigation/verification may include the obtaining and use of information and documents possessed by other public and private agencies, including, but not limited to, records of the Department of Child Support Services. If, upon investigation, it is determined that I am not eligible for the Financial Assistance Program based on income, assets or residency, I will be notified and enrolled in the financial assistance program for which I am eligible.

Patient/Guarantor Signature

Staff Signature

____/____/____
Date