



Valley Health System

A California Local Health Care District

CHARITY APPLICATION

Patient Name: _____ Account # _____
Account # _____
Account # _____

PATIENT/GUARANTOR (RESPONSIBLE PARTY) INFORMATION:

Name: _____ Date of Birth: _____

Relationship to Patient: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Telephone () _____

Social Security # _____ Driver's License # _____

Employed ____ Yes ____ No Disabled ____ Yes ____ No Student ____ Yes ____ No

Employer's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone () _____

Length of Time Employed: _____ Yrs/Months Occupation: _____

PATIENT/GUARANTOR SPOUSE INFORMATION:

Name: _____

Social Security # _____ Driver's License # _____

Employed ____ Yes ____ No Disabled ____ Yes ____ No Student ____ Yes ____ No

Employer's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone () _____

Length of Time Employed: _____ Yrs/Months Occupation: _____

DEPENDENT INFORMATION:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

ASSETS (MARKET VALUE OF THINGS YOU OWN)

Bank Name	Telephone #	Account # / Account Type	Balance
		Checking #	\$
		Savings #	\$
		Other # Type: _____	\$

Home Value \$ _____ Other Real Estate Value: \$ _____ Automobile \$ _____

Business Owned \$ _____ Franchise \$ _____ Life Ins. Value \$ _____

Patents or Copyrights \$ _____ Other Assets \$ _____

Total Assets \$ _____

LIABILITIES (REMAINING BALANCES OF OBLIGATIONS OWED):

Home Mortgage: \$ _____ Other Real Estate :\$ _____

Personal Loans \$ _____ Automobile Loan \$ _____ Charge Accts \$ _____

Income Tax \$ _____ Property Tax \$ _____ Other \$ _____

Hospital Bills \$ _____ Doctor Bills \$ _____ Other Medical \$ _____

Total Medical Care Costs over the 12 month period \$ _____

Total Liabilities \$ _____

Additional information related to financial status. Include any matter not requested in the form, but which you feel should be considered. Appropriate matters might include disabilities, age, obligations to dependents, marital status, etc.

STATEMENT OF USUAL MONTHLY INCOME AND EXPENCES:

MONTHLY INCOME:

*** Must also attach last (3) months of family income verification (pay stubs) and most recent tax return***

Salary or Wages \$ _____ month/year Pension \$ _____

Social Security Payments \$ _____ Commissions or Fees \$ _____

Bearer Income \$ _____ Dividend Income \$ _____

Partial Income \$ _____ Other Income \$ _____

Total Monthly Income \$ _____

MONTHLY EXPENSES:

Rent/Mortgage \$ _____ Other Mortgage Pmts \$ _____ Auto Loan \$ _____

Personal Loan \$ _____ Clothing Allowance \$ _____ Food \$ _____

Household Expenses \$ _____ Auto Expense \$ _____ Tax Pmts \$ _____

Charge Accts \$ _____ Hospital Bills \$ _____ Doctor Bills \$ _____

Medical Ins. Premiums \$ _____ Life Ins. Premiums \$ _____ Other \$ _____

Total Monthly Expenses \$ _____

PERSONAL REFERENCES:

Name: _____ Telephone # _____

Address _____

Name: _____ Telephone # _____

Address _____

I understand that the above stated information is being provided to assist Valley Health System in determining my eligibility for possible charitable or Discounted Payment assistance in settlement of a hospital account (s), that it will become part of my financial record, and that it will be accorded the same confidential treatment as provided for all of my hospital records. By signing this agreement you give VHS permission to access your credit history using one or more of the credit reporting agencies.

I declare, to the best of my ability, that the information given on this statement is true and accurate.

Signature: _____ Date: _____

-----OFFICE USE ONLY -----

ATTACH: Financial Statement
 Account History Printout
 Last (3) Months of Family Income Verification (most recent tax return)
 Credit History

Submitted By: _____ Date _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____
 Manager Patient Financial Services