

**PROMISE HOSPITAL OF EAST LOS ANGELES, L.P.
CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION**

EAST LOS ANGELES CAMPUS
443 SOTO STREET
LOS ANGELES, CA 90033

SUBURBAN MEDICAL CENTER CAMPUS
16453 S. COLORADO AVE.
PARAMOUNT, CA 90723

PATIENT NAME: _____ ACCT.#: _____

DOS FROM: _____ DOS TO: _____ TOTAL CHARGES: _____

GUARANTOR/RESPONSIBLE PARTY

NAME: _____ SSN: _____

ADDRESS 1: _____ SINGLE MARRIED

ADDRESS 2: _____ DIVORCED WIDOWED

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL #: _____ EMAIL: _____

EMPLOYER NAME: _____ EMPLOYER PHONE #: _____

EMPLOYER ADDRESS: _____

EMPLOYER CITY, STATE & ZIP: _____

POSITION/TITLE: _____ HOW LONG: _____

MONTHLY GROSS INCOME: _____ MONTHLY NET INCOME: _____

SPOUSE INFORMATION

NAME: _____ SSN: _____

ADDRESS 1: _____ SINGLE MARRIED

ADDRESS 2: _____ DIVORCED WIDOWED

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL #: _____ EMAIL: _____

EMPLOYER NAME: _____ EMPLOYER PHONE #: _____

EMPLOYER ADDRESS: _____

EMPLOYER CITY, STATE & ZIP: _____

POSITION/TITLE: _____ HOW LONG: _____

MONTHLY GROSS INCOME: _____ MONTHLY NET INCOME: _____

DEPENDENTS

NAME: _____ DOB: _____ RELATIONSHIP: _____

NAME: _____ DOB: _____ RELATIONSHIP: _____

NAME: _____ DOB: _____ RELATIONSHIP: _____

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ACCOUNT #	ADJUSTMENT CODE	ADJ. AMOUNT
PROGRAM DIRECTOR		DATE
CFO		DATE

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FINANCIAL ASSISTANCE PROGRAM - FEDERAL POVERTY GUIDELINES 2008

PERSONS IN HOUSEHOLD	THRESHOLD	125%	150%	200%	300%	350%	400%	450%	500%
1	10,400	13,000	15,600	20,800	31,200	36,400	41,600	46,800	52,000
2	14,000	17,500	21,000	28,000	42,000	49,000	56,000	63,000	70,000
3	17,600	22,000	26,400	35,200	52,800	61,600	70,400	79,200	88,000
4	21,200	26,500	31,800	42,400	63,600	74,200	84,800	95,400	106,000
5	24,800	31,000	37,200	49,600	74,400	86,800	99,200	111,600	124,000
6	28,400	35,500	42,600	56,800	85,200	99,400	113,600	127,800	142,000
7	32,000	40,000	48,000	64,000	96,000	112,000	128,000	144,000	160,000
8	35,600	44,500	53,400	71,200	106,800	124,600	142,400	160,200	178,000
9	39,200	49,000	58,800	78,400	117,600	137,200	156,800	176,400	196,000
10	42,800	53,500	64,200	85,600	128,400	149,800	171,200	192,600	214,000

For each additional person, add \$3,600.00