

Return to:  
Palomar Health - Patient Accounting  
15255 Innovation Dr #150  
San Diego, CA 92128

**Charity Care Application**  
**Statement of Financial Condition Instructions**



**Please provide one or more of the following:**  
A. IRS Form W-2, Wage and Earnings Statement for all Household earnings  
B. Last two pay check stubs for all household earnings  
C. Bank statement that contains income information  
D. Prior year Tax return

**And/Or Provide a copy of one of the following**  
A. Government Assistance, Social Security or Worker's Compensation  
B. Unemployment compensation letter

Fin # \_\_\_\_\_  
Fin # \_\_\_\_\_

Patient Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Family Status**

List all dependents that you support - (if applicable) Please check box if there are no dependents

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Household

**Work Status**

Employment and Occupation - (if applicable) Please check box if Unemployed

Employer \_\_\_\_\_  
Position \_\_\_\_\_  
If Self Employed, Name of Business \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Phone \_\_\_\_\_ Length of Employment \_\_\_\_\_

Current Monthly Income	Patient	Spouse
Gross Pay	\$ _____	\$ _____
Total Combined Monthly Income	\$ _____	
Total Spent on medical expenses in the last 12 months	\$ _____	

*By signing this application, I agree to allow Palomar Health to contact my employer, bank and other sources, as well as request a credit history for the purpose of determining my Charity Care eligibility. I understand that if I do not qualify for services under the Charity Care guidelines that I will be personally liable for the charges of the services rendered by Palomar Health. I understand that I am entering into a credit transaction. I authorize Palomar and/or agent of Palomar Health to access my personal credit profile, credit score or any other information available from a qualified credit reporting agency.*

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Signature

Printed Name

Date

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