Adventist

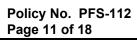


EXHIBIT A

Patient Name			Facili	Facility: DOS:							
Patient Number				Confidential Financial Statement (Application)							
RESPONSIBLE PARTY											
Name				Marital Status So					cial Security Number		
Street Address, City, State, Zip				How long at this address				Home Phone			
Employers Name and Address (If Unemployed –How Long)									Business Phone		
Position / Title Monthly income – Gross				Monthly income - Net			Net		Length of current employment	į	
				SPO	POUSE						
Name					S				cial Security Number		
Employer Name and Address									Business Phone		
Position / Title Monthly inco			me – C	Gross	Monthly income – Net				Length of current employment	t	
DEPENDENTS											
Name & Year of Birth of all dependents in household Total Number dependents in								sons Contribute? If Yes, Amount: Amount			
household dependents in household INCOME PER MONTH											
Dividends, Interest	\$		OOME		Child Supp			\$	1		
Public Assistance / Food Stamps \$					Rental Income				\$		
Social Security	\$				Grants			\$			
Unemployment Compensation	\$				IRA			\$			
Workers' Compensation	\$				Other			\$			
Savings	\$										
EXPENSES PER MONTH											
Mortgage / Rent Payment: \$	E	Balance: \$			Medical / E	Dental		\$			
Own Home? (Yes/No)					Doctor – N			\$			
Food	\$				Doctor – N	lame		\$			
Utilities: \$					Doctor – Name \$						
Electric \$					Credit Cards: \$						
Gas	\$				Visa		Limit	\$;		
Water / Sewer	\$				Mastero	card	Limit	\$	i		
Trash	\$				Discove	er	Limit	\$			
Phone	\$				Other		Limit	\$	j		
Cable	\$				Installment	t Loan	IS	\$			
Auto Payments	\$				Child Supp			\$			
Auto Expenses	\$				Miscellane	ous E	xpenses	\$			
Insurance:	Φ										
Auto Premium Life Insurance	\$ \$										
Health Insurance	\$										
OFFICE USE ONLY					To my knowledge the information provided above is true.						
Gross income					15 mg Momoage the information provided above to tide.						
Net income											
Total Expenses											
Total Net income(loss)					PATIENT/GUARANTOR SIGNATURE DATE						