



Tulare Regional Medical Center

869 N. Cherry St. • Tulare • CA • 93274
559.688.0821 • www.TulareRegional.org

FINANCIAL ASSISTANCE APPLICATION

Patient Name: _____ Account Number: _____

Guarantor's Name (responsible party)		Address		Phone Number ()	
Social Security Number		Birth Date		Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D	
Employer's Name and Address					
Position	Hire Date	Phone Number ()	Gross Income	Net Income	
Former Employer – Name Address:		Dates From / To	Gross Income	Net Income	
Spouse's Name		Spouse's Address		Spouse's Phone Number	
Spouse's Social Security Number		Spouse's Birth Date			
Spouse's Employer's Name and Address:					
Position	Hire Date	Phone Number ()	Gross Income	Net Income	
Checking Account Balance/Name of bank \$		Savings Account Balance \$	Other \$	CD / Stock / Life Insurance	

Family Status:
List all dependents you support

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

Other Income: Interest & Dividends _____ Real Estate Rentals & Leases _____ Social Security _____ Alimony _____ Child Support _____ Unemployment/Disability _____ Public Assistance _____ All Other Sources (attach list) _____	Please provide information on any unusual expenses such as medical bills, bankruptcy, court judgements or settlements payments (attach list as needed). Description _____ Amount _____ Description _____ Amount _____ Description _____ Amount _____
---	---

I hereby authorize Tulare Local Healthcare District DBA Tulare Regional Medical Center or its agent to investigate any references, statements, or other information given by me or any other person pertaining to my financial responsibility. I understand that all accounts are to be settled in full at time of discharge unless other arrangements are made.

Patient Signature: _____ Date: _____

Witness: _____

Tulare Regional Medical Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: 559.685.3816 or TTY (Hearing Impaired) 559.688.6148. Tulare Regional Medical Center is a Division of Tulare Local Health Care District.

Office Use Only	
Referred for TCMS	<input type="checkbox"/> yes <input type="checkbox"/> no
Referred for Medi-Cal	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, follow up until determination is made, if not eligible for Medi-Cal	
Recommend for courtesy discount	<input type="checkbox"/> yes <input type="checkbox"/> no \$ _____
Charity allowance	<input type="checkbox"/> yes <input type="checkbox"/> no % _____