

Bank Account Balances

Bank Name	Address	Account Type			Account Balance
		Checking (✓)	Savings (✓)	Investments / Securities (✓)	

Property (Include all property and assets that you own, including all recreational vehicles, etc.)

Type	Detail	Estimated Value	Unpaid Balance
Residence			
Vehicles	(Type/Year/Make)		
Vehicles	(Type/Year/Make)		
Vehicles	(Type/Year/Make)		
Land			
Rental Property			
Business			
Other			

Household Income

Income Description	Source	Monthly Income Amount
Responsible Party/Patient		
Spouse/Partner		
Interest/Dividends		
Stocks/Bonds		
Pension		
Rental/Property		
Disability		
Alimony/Child Support		
Other		

Insurance (Indicate all types of insurance policies you currently hold, e.g., health, life, auto, etc.)

Type	Company Name	Monthly Payment
Health		
Health		
Auto		
Auto		
Life		
Life		
Home Owners/Renters		
Home Owners/Renters		
Other		

Monthly Expenses (Indicate your average monthly household expenses, e.g., groceries, utilities, medications, etc.)

Expense Description	Average Monthly Expense
Mortgage/Rent	
Groceries	
Utilities	
Auto (gas/repairs)	
Phone	
Mobile Phone	
Cable/Internet	
Entertainment	
Clothing	
Child Support	
Alimony	
Medications	
Other	

Creditors (Indicate all other payments, e.g., bank payments, credit cards, other medical, etc.)

Type	Company Name	Unpaid Balance	Monthly Payment
Mortgage			
Home Equity			
Personal Loan			
School Loan			
Vehicle Loan			
Vehicle Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Medical: Doctor			
Medical: Doctor			
Medical: Hospital			
Medical: Hospital			
Other			
Other			

Certification

I certify that all information listed is true and correct to the best of my knowledge. I understand that the information is to be used to ascertain my ability to pay for services provided by Lodi Health or an affiliated entity and I give permission to Lodi Health and all affiliated Clinics, hospitals and entities to share the information as necessary to consider my financial assistance request. I hereby grant permission to Lodi Health and its affiliates and representatives or agents to investigate the information contained herein, and to obtain credit reports.

Patient/Responsible Party Signature	Date (Month/DD/YYYY)
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Lodi Health Representative Signature	Date (Month/DD/YYYY)
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For Internal Use only

Date Interviewed	Date Issued	Approval Period (Month/DD/YYYY to Month/DD/YYYY)
Comments:		