



FINANCIAL EVALUATION

General Information

Account # _____ Please check facility

- Clovis Community Medical Center (CCMC)
- Community Regional Medical Center (CRMC)
- Fresno Heart & Surgical Center (FHSB)

Patient Name _____ Guarantor Name _____

Spouse's Name _____

Home Address _____ Monthly Payment _____

_____ Renting

_____ Buying

Guarantor

Date of Birth _____ Driver's License # _____ Social Security # _____ - _____ - _____

Employer _____ Department/Position _____

Gross Pay _____ Child Support _____ Social Security _____

Pension _____ Welfare _____ Unemployment _____

Disability _____ Alimony _____ Interest/Dividends _____

Rents Received _____ Other _____

Spouse

Date of Birth _____ Driver's License # _____ Social Security # _____ - _____ - _____

Employer _____ Department/Position _____

Gross Pay _____ Child Support _____ Social Security _____

Pension _____ Welfare _____ Unemployment _____

Disability _____ Alimony _____ Interest/Dividends _____

Rents Received _____ Other _____

Where do you bank? _____ Branch, City _____

Checking

Savings

Gross income as reported to the IRS last year _____

Number of dependents under 18 years old living with you _____

Do you provide support for anyone over the age of 18? No Yes (Please explain)

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT AND I UNDERSTAND THAT COMMUNITY MEDICAL CENTERS RESERVES THE RIGHT TO VERIFY THE ABOVE.

Guarantor Signature _____ Date _____