



6000 San Vicente Blvd.
Los Angeles, CA 90036
Tel: 323.930.1040

Date:

[Patient Name]
[Patient Address]
[Patient City, State Zip]

Re: Application for financial assistance, Account #

Miracle Mile Medical Center has a special program that could possibly assist you with your hospital bill. Currently, our records indicate that you have no medical insurance coverage to pay your outstanding balance with the hospital. If this is incorrect please contact us immediately to provide this information.

Your current hospital bill totals \$. Unless you qualify for assistance, this balance is your responsibility to pay immediately.

Attached is a financial assessment form that you must complete so that we can determine your ability to pay for the services provided by Memorial Hospital of Gardena. The hospital does provide charitable assistance in the event that we are able to determine that you are unable to pay for the services. Please complete the attached form fully and return it to the hospital at the address shown on this letter. Additionally, we must have legible copies of the documents listed on this letter below returned with your application. **YOUR IMMEDIATE RESPONSE IS REQUIRED.**

To avoid any further collection process on your outstanding balance we must receive your response within 30 days. Please return the following information:

1. Completed application
2. Signed authorization
3. IRS tax returns with W-2 form for the last two years
4. Copies of last two pay stubs
5. Means of support letter
6. Copies of last two bank statements
7. Copy of Medi-Cal/SSI denial letter (if applicable)
8. Proof of Income from SSA (if applicable)
9. Proof of Income from Disability (if applicable)

Once received, your application will be reviewed and you will receive notification from us of the acceptance or rejection of your financial assistance application.

If you need further assistance you may contact the facility's Director, Patient Financial Services at (323) 930-1040.

Sincerely,

James K. Theiring
Chief Financial Officer



PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

Personal Financial Statement as of _____ (DATE)

PATIENT NAME: _____

HOME ADDRESS _____

HOME PHONE _____

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks	\$	Notes Payable—Financial Institutions	\$
U.S. Government Securities		Notes Payable—Relatives	
Listed Securities		Notes Payable—Others	
Unlisted Securities		Accounts and Bills Due	
Other Equity Interest		Unpaid Taxes	
Accounts and Notes Receivable		Real Estate Mortgages Payable	
Real Estate Owned		Land Contracts Payable	
Mortgages and Land Contracts Receivable		Life Insurance Loans	
Cash Value Life Insurance		Other Liabilities: Itemize	
Other Assets: Itemize			
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Monthly Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain:	
TOTAL	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.		No. of dependents living in household: _____	
		Ages of dependents living in household: _____	

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:
On leases		
Legal claims		Have you ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:
Provision for federal income taxes		
Other special debt, e.g., recourse or repurchase liability		Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
		Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?
TOTAL	\$	Number of dependents _____ Ages _____

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owing</i>	<i>Monthly Payment</i>	<i>Secured by What Assets</i>
TOTAL			TOTAL			

Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

<i>Number of Shares, Face Value (Bonds), or % of Ownership</i>	<i>Indicate:</i>	<i>In Name of</i>	<i>*Market Value</i>	<i>Pledged</i>	
	1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*			Yes ()	No ()
TOTAL					

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)

<i>Description of Property or Address</i>	<i>Title in Name Of</i>	<i>Date Acq.</i>	<i>Cost + Improvements</i>	<i>Present Mkt. Value</i>	<i>Mortgage or Land Contract Payable</i>		
					<i>Bal. Owing</i>	<i>Mo. Payt.</i>	<i>Holder</i>
TOTAL							

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

Description of Property or Address	Title in Name Of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
TOTAL							

Schedule E: Life Insurance Carried

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
TOTAL				

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated.

Patient's
Signature _____

Date
Signed _____