

**Parkview Community Hospital Medical Center**  
**Financial Assistance Application**  
**INSTRUCTIONS**

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1. Please complete *all* areas on the attached application form. If any area does not apply to you, write N/A in the space provided.
2. Attach an additional page if you need more space to answer any question.
3. You *must* provide proof of income when you submit this application. The following documents are accepted as proof of income:

**If you filed a federal income tax return you must submit a copy:**

- a. Federal income tax return (Form 1040) from the most recent year. You must include all schedules and attachments as submitted to the Internal Revenue Service;
- b. Federal W-2 Form showing wages and earnings;
- c. Two (2) most recent paycheck stubs.

**If you did not file a federal income tax return, OR if financial information has changed since your income tax return was filed, please provide the following:**

- d. Two (2) most recent paycheck stubs;
- e. Two (2) most recent check stubs from any Social Security, child support, unemployment, disability, alimony or other payments;
- f. Two (2) consecutive bank statements;
- g. If you are paid only in cash, please provide a written statement explaining your income sources.

**If you have no income, please provide a letter explaining how you support yourself/family.**

4. Your application cannot be processed until *all* required information is provided.
5. It is important that you complete, sign and submit the financial assistance application along with all required attachments within fourteen (14) days.
6. You *must* sign and date the application. If the patient/guarantor and spouse provide information, both *must* sign the application.
7. If you have questions, please call your account representative.
8. Send your completed application to:

Parkview Community Hospital Medical Center  
Patient Financial Services Department

3865 Jackson Street  
Riverside, CA 92503

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Financial Assistance Application**

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<b>PATIENT/ GUARANTOR NAME</b>		<b>SPOUSE NAME</b>	
<b>ADDRESS</b>		<b>PHONE</b>	
		Home	
		Work	
<b>SOCIAL SECURITY NUMBER</b>			
<b>Patient/ Guarantor</b>		<b>Spouse</b>	

<b>FAMILY STATUS</b>		
<b>List all dependents that you support</b>		
<b>Name</b>	<b>Age</b>	<b>Relationship</b>

<b>EMPLOYMENT STATUS</b>	
<b>Patient/Guarantor Employer</b>	<b>Position</b>
<b>Contact Person</b>	<b>Telephone</b>
<b>Spouse Employer</b>	<b>Position</b>
<b>Contact Person</b>	<b>Telephone</b>

<b>INCOME</b>		
	<b>Patient/Guarantor</b>	<b>Spouse</b>
<b>1. Gross Wages &amp; Salary (before deductions)</b>		
<b>2. Self-Employment Income</b>		
<b>Other Income:</b>		
<b>3. Interest &amp; Dividends</b>		
<b>4. Real Estate Rentals &amp; Leases</b>		
<b>5. Social Security</b>		
<b>6. Alimony</b>		
<b>7. Child Support</b>		
<b>8. Unemployment/Disability</b>		
<b>9. Public Assistance</b>		
<b>10. All Other Sources (attach list)</b>		

<b>Total Income (add lines 1 - 10 above)</b>		
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<b>UNUSUAL EXPENSES</b>	
<b>Please provide information on any unusual expenses such as medical bills.</b>	
<b>Description</b>	<b>Amount</b>

<b>ASSETS</b>		
<b>Please provide an accurate estimate of value for each asset you own. Also, indicate how much you owe on any outstanding debt related to each asset listed.</b>		
<b>Asset</b>	<b>Value</b>	<b>Amount Owed</b>
<b>1. Primary Residence</b>		
<b>2. Other Real Estate (attach list)</b>		
<b>3. Motor Vehicles (attach list)</b>		
<b>4. Other Personal Property</b>		
<b>5. Bank Accounts &amp; Investments</b>		
<b>6. Retirement Plans</b>		
<b>7. Other Assets (attach list)</b>		
<b>Total Amounts (add lines 1 – 7 above)</b>		

By signing below, I/we declare that all information provided is true and correct to the best of my/our knowledge. I/we authorize Parkview Community Hospital Medical Center to verify any information listed in this application. We expressly grant permission to contact my/our employer, banking and lending institutions, and to check my/our credit history.

\_\_\_\_\_  
Signature of Patient/Guarantor

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date