

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAM: FINANCIAL STATEMENT

I hereby request that Rush University Medical Center evaluates the following financial information in regards to my possible eligibility for a Financial Assistance Program for hospital-based services (non-professional fees) through the Medical Center. I understand that the information I provide concerning the annual income and size of my household is subject to verification by the Medical Center. I also understand that if any portion of the information I have provided is determined to be falsified, I will be responsible for all medical expenses incurred at this institution.

1) Demographic Information

NAME: _____
Last First Middle Int.

ADDRESS: _____
Number and Street Apt.

_____ City State Zip Code

PHONE: () _____

2) Employment Information

OCCUPATION: _____

EMPLOYER: _____ PHONE: () _____

3) Income Information

**- Please enclose your most recent W-2 forms, Income Tax Return,
or Unemployment/Social Security statements (past 3 months)**

	<u>TOTAL (past 3 months)</u>	<u>TOTAL (past 12 months)</u>
• Wages Earned	_____	_____
• Public Assistance	_____	_____
• Social Security	_____	_____
• Unemployment Comp	_____	_____
• Workmen's Compensation	_____	_____
• Strike Benefits	_____	_____
• Alimony Received	_____	_____
• Child Support Received	_____	_____
• Military Family Allotments	_____	_____
• Pensions	_____	_____
• Income from:		
• Dividends	_____	_____
• Interest	_____	_____
• Rent	_____	_____
• Other	_____	_____

4) Family Size Information

Total Number in Household*: _____
(*Number of individuals for whom you are financially responsible)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) Type of Medical Service(s) Provided:

I affirm that the information that has been provided in this Financial Statement is true and correct to the best of my knowledge.

Signature of Person Making Request

_____/_____/_____
Date

Rush Financial Counselor/Representative

_____/_____/_____
Date