

Appendix A

<b>FINANCIAL ASSISTANCE APPLICATION</b>
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Date of Application: \_\_\_\_\_ Incomplete: \_\_\_\_\_ Approved: \_\_\_\_\_  
Rejected \_\_\_\_\_

Answer all questions completely and to the best of your knowledge in order to prevent delaying this application. In order for your application to be considered complete, you must also return your application with proof of income for the last three months (e.g., pay stubs), and household income (e.g., tax returns for all adults over the age of 18 in the household).

Failure to submit all required information will result in your application being deemed incomplete. If you fail to submit all of the required information, Cabell Huntington Hospital will request the information needed to complete this application. Failure to provide the information requested by Cabell Huntington Hospital will result in the denial of financial assistance for the date(s) of service included in the application.

Name: _____ Last First	Guarantor or Spouse: _____ Last First
Address: _____	Address: _____
Phone: _____	Phone: _____
DOB: _____	DOB: _____
Last 4 digits of SS#: _____	Last 4 digits of SS#: _____

1. Are presently employed? Patient: Yes or No If yes: Patient's current employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Spouse: Yes or No If yes: Spouse's current employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Length of employment: \_\_\_\_\_

2. If unemployed, list past employment:  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date last employed: \_\_\_\_\_

3. How many dependents are in your household including yourself? \_\_\_\_\_

Name	Birth date	Name	Birth date
_____	_____	_____	_____
_____	_____	_____	_____

4. Do you have any other accounts with Cabell Huntington Hospital? \_\_\_\_\_

5. Health insurance coverage: Yes or No Name of company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

6. Was this admission to the hospital in any way related to an on-the-job injury or occupational or occupational disease? \_\_\_\_\_  
If yes, how is it related? \_\_\_\_\_

<b>MONTHLY INCOME: List all sources</b>
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Wages _____	Other (identify) _____
Spouse's Wages _____	Other (identify) _____
Pension _____	Other (identify) _____

(For your application to be complete, the information on the next page is required, as is your signature)

<b>MONTHLY EXPENSES</b>
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CREDITOR	PAYMENT AMOUNT	CREDITOR	PAYMENT AMOUNT
House payment/rent _____		Phone _____	
Electric _____		Cable _____	
Gas _____		Trash _____	
Water _____		Groceries _____	
Automobile Insurance _____		Pharmacy _____	
House/Rental Insurance _____		Health Insurance _____	
Clothing _____			

Credit Cards: _____	Outstanding balance _____
Other Loans: _____	Outstanding balance _____
Other (identify) _____	Outstanding balance _____
Other Medical Expenses _____	Outstanding balance _____

**ASSETS**

Automobile (list make, model, year)  
 Vehicle #1 \_\_\_\_\_  
 Vehicle #2 \_\_\_\_\_  
 House/Real Estate \_\_\_\_\_  
 Retirement Savings (describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Personal Property (cash value) \_\_\_\_\_  
 Cash Value Life Insurance \_\_\_\_\_  
 Certificates of Deposit \_\_\_\_\_  
 Stocks and Bonds \_\_\_\_\_  
 Savings Accounts \_\_\_\_\_  
 Checking Accounts \_\_\_\_\_  
 Cash on Hand \_\_\_\_\_  
 Other \_\_\_\_\_

**TOTAL ASSETS**      \$ \_\_\_\_\_

**LIABILITIES (amounts owed)**

Automobile Loan  
 Vehicle #1 \_\_\_\_\_  
 Vehicle #2 \_\_\_\_\_  
 House/Real Estate Loan \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Personal Property Loans \_\_\_\_\_  
 Life Insurance Loan \_\_\_\_\_  
 Credit Card Balances \_\_\_\_\_  
 Medical Liability \_\_\_\_\_  
 Taxes Due on Real Estate \_\_\_\_\_  
 Other Installment Loan \_\_\_\_\_  
 Other (identify) \_\_\_\_\_  
 Other \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**I hereby certify that the information provided above is true and accurate to the best of my knowledge. I hereby authorize Cabell Huntington Hospital to verify any or all of the information stated above. I understand this application applies only to this hospital.**

\_\_\_\_\_  
 Signature of Applicant