

ST. FRANCIS HOSPITAL & HEALTH SERVICES
2016 SOUTH MAIN
MARYVILLE, MISSOURI 64468
660-562-2600

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Approved – Charity
<input type="checkbox"/>	Approved – Small Payments
<input type="checkbox"/>	Dollar Amount \$ _____
Date:	_____

Return By: _____

Patient Name: _____

STATEMENT OF FINANCIAL POSITION

Full Name of Person Responsible for Bill			Relationship to Patient		
Address (Street & Number, City, State, Zip Code)					Phone Number
Name & Address of Employer					Phone Number
Occupation		Length of Employment		Monthly Salary	
If not presently employed, name and address of last employer.					
Dependents (not including self)			Name		
Name	Relationship	Age	Relationship	Age	
Assets:					
	Stocks/Bonds/Certificates of Deposit			Value	\$
	Property (brief description)			Value	\$
	Automobiles, year & model #1		#2	Value	\$
	Farm Equipment			Value	\$
	Grain & Livestock Equity			Value	\$
	Other			Value	\$
Responsible Person's Bank: _____					
Checking Account Balance \$ _____			Savings Account Balance \$ _____		
Loan Account Balance \$ _____					
Special Situations Affecting Your Financial Status Such As Disabled, etc.					
(Please attach another sheet if needed.)					

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Total Family <u>INCOME</u> Per Month		Total Family <u>EXPENSES</u> Per Month	
\$ _____	Responsible Person's Salary (Gross Amt)	\$ _____	Housing ____ Own ____ Rent
\$ _____	Spouse's Salary	\$ _____	Electric / Gas
\$ _____	Social Security Benefits	\$ _____	Water
\$ _____	Disability Benefits	\$ _____	Phone
\$ _____	State Assistance (Welfare)	\$ _____	Cable
\$ _____	Alimony / Child Support	\$ _____	Home Insurance
\$ _____	Pension	\$ _____	Car Insurance
\$ _____	Other	\$ _____	Life Insurance
		\$ _____	Health Insurance
		\$ _____	Car Payments
		\$ _____	Food
\$ _____	Total Family INCOME PER MONTH	\$ _____	Total MONTHLY EXPENSE

Other Financial Obligations (Loans, Charge Accounts, Medical Expenses, Etc.)

Name	Address	Monthly Payment	Balance Owed

Need copy of current Tax Return and two current pay stubs from all working in the household.

By my signature below, I certify that the above information is an accurate and complete statement of my current financial position. I give my permission for this information to be verified.

Signature of Responsible Party _____

Date: _____