



Financial Assistance Application

FINANCIAL ASSISTANCE APPLICATION				Please send completed application and all required supporting documents to: Pratt Regional Medical Center 200 Commodore St. Pratt, KS 67124			
MRN#							
Guarantor #							
PATIENT INFORMATION							
Patient Name: (first, middle, last)				Is patient a US Citizen?		<input type="checkbox"/> Yes No	
				Permanent Resident?		<input type="checkbox"/> Yes No	
Patient Date of Birth:				Patient Social Security #			
INSURANCE INFORMATION							
Is patient covered by health insurance?				Yes		No	
Has patient applied for Medicaid benefits within the last 6 months?				Yes		No	
If No, please explain why:							
Has patient been denied Medicaid benefits within the last 6 months?				Yes		No	
<i>If patient was denied Medicaid benefits within the last 6 months, please attach a copy of the denial notice</i>							
Does patient have a lawsuit, settlement, personal injury, work comp, or liability claim pending?				Yes		No	
Please check all boxes that apply to the patient, and attach the supporting documentation							
<input type="checkbox"/> Patient Medicaid eligible but not on date of service, or not eligible for non covered services							
<input type="checkbox"/> Patient deceased		Date of Death:					
<input type="checkbox"/> Patient incarcerated		Date of incarceration:					
<input type="checkbox"/> Patient homeless		Explain:					
GUARANTOR INFORMATION							
Guarantor Relationship to Patient:		Self	Spouse	Mother	Father	Grandparent	
Other (explain)							
Guarantor Name: (first, middle, last)							
Street Address:							
City:		State:		Zip:			
Guarantor Home #:		Cell #:					
Guarantor Social Security #:		Guarantor Date of Birth:					
Household size:		Marital status:		Single	Married		
Employment status:		Divorced		Legally separated			
Full Time		<i>If legally separated, please attach legal separation notice</i>					
Part Time		Widowed					
Self Employed							
Unemployed		<i>(if unemployed please provide dates of unemployment in section below)</i>					
Student		<i>If you are a student and rely on student loans to pay basic living expenses, please provide copies of student loan amounts and allocations</i>					
Employer Name and Address:							
Hire Date:		How often are you Paid?		Weekly	Bi-weekly		
Are you claimed on someone else's taxes as a dependent?		Yes	Monthly	Semi-monthly			
		No	If Unemployed, please provide dates of unemployment period:				
Gross Monthly Salary:		From:	To:				

SPOUSE INFORMATION									
Spouse Name: (first, middle, last)									
Spouse Social Security #				Date of Birth:					
Employment Status:		Full Time	Part Time	Self Employed	Student	Unemployed			
If Unemployed, please provide dates of unemployment period:					From:		To:		
Employer Name and Address:									
Hire Date:		How often are you Paid?			Weekly	Bi-weekly			
					Monthly	Semi-monthly			
Is spouse claimed on someone else's taxes as a dependent?					Yes	No			
Spouse's Gross Monthly Salary:									
DEPENDENT INFORMATION (if more than 6 use separate page)									
Full Name: (first, middle, last)				Date of birth:		Relationship:		Claimed on taxes?	
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL INCOME INFORMATION (enter monthly amounts)									
Gross Wages: \$					Worker Comp: \$				
Pension/Retirement: \$					Unemployment: \$		Misc.: \$		
Rental Income: \$					Alimony/Child Support: \$				
Veterans Benefits: \$					Interest/Dividends: \$				
Short/Long Term Disability: \$					SSI/SSDI Social Security: \$				
PROPERTY INFORMATION									
Type:		Monthly Payment:		Estimated Value:		Unpaid Balance:			
Primary home									
2nd mortgage									
Secondary/Vacation home									
Rental property									
Land									
AUTO/MOTORCYCLE/RV/BOAT/JET SKI/TRAVEL TRAILER/ETC INFORMATION									
Type/Make/Model/Year:				Monthly Payment:		Estimated Value:		Unpaid Balance:	
MONETARY ASSET INFORMATION									
Checking Balance \$					Savings Balance \$		CD \$		
Stocks/Bonds \$					IRA \$		401k \$		
403b \$					Others (HSA/FSA) \$				
Certification: By signing below, I certify that the all of the preceding information is true and correct. I understand that this information may be reviewed in conjunction with a credit report, and I further understand that if I knowingly provide untrue information in the application, I will be ineligible for financial assistance and any financial assistance granted to me may be reversed and I would be responsible for the medical bills.									
Guarantor Signature:					Date:				
Spouse (if applicable):					Date:				

