

## Baylor Scott & White Health Financial Assistance Application

Patient Account Number	

Patient's Residential A									
	Address			City		State	Zip Code		County
				- 3	M 5 16	☐ Married	•	□ Widowed	
irth Date (Month/Da	ate/Vear)	Tele	ephone Number		Marital Status:	☐ Separated	☐ Divorced		
rai Bate (Wolai Ba	ate, rear)	TOP	phone rumber		Spouse's Nam	e			
Employed  Y	Yes □ No				Employe	d □ Yes □ No			
Patient's	103 🗖 110								
Employer					Spouse's Employe	r			
Telephone #					Telephone	#			
		ed services at the closest in netwo		orimary resi	dence?	□ Yes □ No			
no, were the closest	t facilities unat	ele or unwilling to provide your ca				☐ Yes ☐ No	*		
					employer's name and	tetepnone number*	*		
Income: Please p	provide the inc	ome for each of the following per	sons in your househ	old.	DI	1 . 1 . 10		11. 15	
					Please com		a minor (if not leave l		
		art Time - Hours/Week =			Patient's Father	□ Full Time □ Pa	rt Time - Hours/Weel		-
		☐ Hr ☐ Wk ☐ Bi-Wk ☐ Mon Additional Income	tn ⊔ Year			\$ \$	☐ Hr ☐ Wk ☐  Additional Inc		onth ⊔ Year
		art Time - Hours/Week =			Desired 35 d		rt Time - Hours/Weel		
•		art 11me - Hours/Week = ☐ Hr ☐ Wk ☐ Bi-Wk ☐ Mon	th D Year		Patient's Mother	\$	rt Time - Hours/Weel		– onth □ Vear
		Additional Income	an 🗖 Tean			\$	Additional Inc		nai 🗖 Tear
		Total Household Income \$				Total	Household Income	¢	
Bank Statements			Governmental Assist Social Security, Wor	kers Compe	stamps, CDIC, Medic ensation or Unemployr	nent Compensation D	etermination Letters		
Bank Statements you are unable to pr  . Family Members.	rovide one of the rovide one o	□ Tax Return □ Cother (describe below) □ Some sources of income documentate vide the total number of people	Governmental Assist Social Security, Wor ion listed above, plea in the patient's hor	ance (food a kers Competent Competen	stamps, CDIC, Medic ensation or Unemployr	nent Compensation D	Petermination Letters		
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Bank Statements you are unable to pr  Family Members. This number should of  Assets and Other o you have any asset examples include sar- execunts, mutual fund	Please provide the Resources: ets or other reservings accounts ds, etc.)	Tax Return	Governmental Assists Social Security, Wor ion listed above, ples in the patient's hot e patient's dependent	ance (food a kers Compe ase explain a usehold.	stamps, CDIC, Medic- ensation or Unemployn why this information is	nent Compensation D			
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C. Family Members. This number should of the property of the p	revide one of the review of the resources:  th	□ Tax Return □ 0 □ Other (describe below) □ 3 the sources of income documentate    ride the total number of people   e patient, patient's spouse, and the   purces available to you?   strusts, stocks, bonds, retirement	in the patient's hore patient's dependent  t  fy the financial infeeby authorize BSWH to the best of my know assistance.	yes Y	stamps, CDIC, Medicensation or Unemployr why this information is  No  No  No  No  notained in this Finar r any individual liste ports from credit rep	ncial Assistance Application orting agencies and	If Yes, current amount of Yes, please list pure of Yes, current amount of Yes, current amount of Yes, current amount of Yes, current of Yes, c	ount available: \$ ount available: \$ on") in connected additional d Administration or misrep	tion with etails with . I certify t resentation
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