

Name:		MR #:	Admit #: _H
To the Financi	ial Assistance Applicant:		
on the botton	find a Financial Assistance Application of page three of this form along with ur particular financial situation.		urn the application to the address listed cumentation requested below that
	IF YOU HAVE	ACTIVE MEDICAL ASSISTA	NCE
A)	Write your Medical Assistance Num	nber here <b>&gt;</b>	
В)	Enclose a copy of your Medical Ass	sistance card.	

# **PROOF OF INCOME** (please include all that apply)

# **Social Security:**

- Copy of Social Security Award Letter or Social Security Yearly Benefit Statement
- Copy of your most recent Social Security Check

### **Veterans Benefits:**

- Copy of award letter or benefit statement
- Copy of most recent benefit check

## **Pensions:**

- Copy of pension benefit statement
- Copy of most recent pension check

Sheppard Pratt Health System ■ Sheppard Pratt Physicians, P.A.



Name:	MR #:	Admit #:	Н

## ADDITIONAL VERIFICATION REQUIRED

(Copies of the most recent statement or other verification for)

#### Income /Assets:

- Certificate of Deposits
- 401K, 403B, Keogh, IRA and other Retirement Accounts
- Annuities
- Cash value of life insurance policies
- Trusts
- Brokerage accounts
- Dividend/interest income
- Child Support
- Alimony
- Stocks, bonds and/or mutual funds
- Other investments

## Liabilities/Expenses:

- Copy of your most recent mortgage or rent payment
- Copies of insurance premiums paid (homeowners policy, car insurance, etc.)
- Copies of medical payments and/or prescription payments
- Copies of other liabilities/expenses paid by you
- Copies of most recent bank statements for all bank accounts

#### Federal and State Income Tax Return:

- A complete copy of your most recent Federal and State Income Tax return complete with all applicable schedules

#### Other Pertinent Financial Data:

- Copies of Bankruptcy petitions, property settlements, etc.

If you are unable to provide copies of any of the above items, please send a letter explaining the specific reasons why the requested information was not enclosed. Additional information may be requested depending upon individual circumstances.

If you have any questions regarding the enclosed you may reach us at 410-938-3370.

Sincerely,

Valerie M. Braun Patient Accounts Representative

VMW/wc

Enc.

# Sheppard Pratt Health System Sheppard Pratt Physicians, P.A.

# FINANCIAL ASSISTANCE APPLICATION

Information About \	<b>You</b>			
Name				
	First		Middle	Last
Social Security Num	ber		Marital Status	☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced
U.S. Citizen 🔲 Yes	☐ No		Permanent Resi	dent 🔲 Yes 🔲 No
Home Address				Phone
-	City	State	Zip Code	Country
Employer Name	, 		·	Phone
Work Address				_
-	City	State	Zip Code	
Household Member	·		·	
	Name		Age	Relationship
	Name		Age	Relationship
	Name		Age	Relationship
	Name		Age	Relationship
	Name		Age	Relationship
	Name		Age	Relationship
	Name		Age	Relationship
	Name		Age	Relationship
Have you applied fo	r Medical Assistance? 🔲 Ye	es 🔲 No	If <i>yes</i> , what w	as the date you applied?
f <i>yes</i> , what was the o	determination?			
Oo you receive any t			A Representative	

Patient Accounting - FA Representative Sheppard Pratt Health System Sheppard Pratt Physicians, P.A. 6501 North Charles Street Baltimore, MD 21204



	F	irst		Middle	Last	
I.					nay be required to supply proof	
	expenses. If you have no i	псотте, рае	ise provide a letter	or support from the pers	son providing your housing and	Monthly Amount
	Employment					,
	Retirement/pension bene	efits				
	Social Security benefits					
	Disability benefits					
	Unemployment benefits					
	Veterans benefits					
	Alimony					
	Rental property income					
	Strike benefits					
	Military allotment					
	Farm or self-employment	t				
	Other income source					
					Total	
I.	Liquid Assets					Current Balance
	Checking account					
	Savings account					
	Stocks, bonds, CD, or mor	ney market				
	Other accounts					
••••	Other Assets- If you own Home	any of the f		ase list the type and app		
•••	•	any of the f  Make _  Make _  Make _		ase list the type and app  Year Year Year Year	Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	Amount
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s)	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s) Credit card(s)	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s) Credit card(s) Car Insurance	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s) Credit card(s) Car Insurance Health Insurance	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s) Credit card(s) Car Insurance Health Insurance Other medical expenses	Make <sub>-</sub> Make <sub>-</sub>	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	
v.	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s) Credit card(s) Car Insurance Health Insurance	Make _ Make _ Make _	Loan Balance	Year	Approximate value Approximate value Approximate value Approximate value Approximate value	Amount
) yo	Home Automobile Additional vehicle Additional vehicle Other property  Monthly Expenses Rent or Mortgage Utilities Car Payment(s) Credit card(s) Car Insurance Health Insurance Other medical expenses Other expenses	Make _ Make _ Make _	Loan Balance	Year Year Year Year	Approximate value Approximate value Approximate value Approximate value Approximate value Approximate value Total	Amount

Relationship to Patient

Applicant Signature

Date