Account Number: _____

CHESAPEAKE GENERAL HOSPITAL
an affiliate of Chesapeake Regional Medical Center

Chesapeake General Hospital Financial Assistance Application

Patient's name: _____   Medical record number: _____
Guarantor Name if patient is minor: _____

Social Security number: _____   Date of birth: _____

Address: _____
_____
Email address: _____
Home phone: _____   Work phone: _____   Cell phone: _____

Employer name, address & phone: _____
_____How long employed: _____

Marital status: single / married / divorced / widowed   Veteran: yes / no

Spouse's name: _____
Social Security number: _____   Date of birth: _____
Spouse's employer name, address & phone: _____
_____   How long employed: _____

Total Number in Family including Patient: _____   Relationship and Age of each: _____
_____

Gross monthly income: Patient:$_____   Spouse:$_____   Other family member: $_____
Child Support: $ _____   Alimony: $ _____   Unemployment: $ _____   Other: $_____

Bank Name: _____   Name(s) on Account: _____
Checking account balance: $_____   Savings/Money Market/CD account balance $_____
Value of any 401K, IRA, Retirement accounts: $ _____

Property value: $_____   Mortgage balance: $_____   Life Insurance cash value: _____
  o Unemployment verification: I attest that I have been unemployed since _____ and my last employer was _____
  o Room & board statement: I attest that my room and board is provided by _____since_____

I certify the above information is correct and true. I authorize Chesapeake General Hospital to verify this information with employers and other agencies. I understand this information is subject to review by federal and/or state agencies. *I understand that proof of income for the 90 days prior to my date of service is required and must be provided within a timely manner in order to complete application*.

Signature: _____   **Date**: _____

For office use only - financial assistance status and/or comments:

Total Monthly Income: $ Denied: Approved:
                                                                                  FAP 1
Total Number in Family: FAP 2
                                                                                  Discount:

Revised 03/2008 jbp