



Saint Michael's
MEDICAL CENTER
A MEMBER OF CATHOLIC HEALTH EAST

Please answer the questions below. Questions, which are answered Yes, must have accompanying documentation.

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|---|-----|----|
| 1. Do you have / have you applied for Medicaid or Family Care? | Yes | No |
| 2. Were you working prior to your Date of Service? | Yes | No |
| 3. Do you receive Welfare (cash benefits)? | Yes | No |
| 4. Does you or your spouse receive Unemployment? | Yes | No |
| 5. Does anyone in your household receive Social Security, or SSI? | Yes | No |
| 6. Are you or your spouse receiving a pension? | Yes | No |
| 7. Do you pay / receive child support? (circle where appropriate) | Yes | No |
| 8. Are you being supported by someone else? | Yes | No |
| 9. Do you and / or your spouse have a checking or savings account?
(circle when appropriate) | Yes | No |
| 10. Do you have any other assets, which may be used to help pay
your hospital debts? | Yes | No |

If yes explain: _____

Other Documentation which MUST be provided.

- Proof of NJ residency
- Two forms of identification for you. One form of identification for your spouse and minor children.
- Documentation for all questions which you answered Yes to.

Patient's
Signature _____

Spouse's
Signature _____