

WARREN GENERAL



Financial Assistance Application II

Asset Verification: Do you own your home? _____

Do you have a Savings Account? _____

Do you have a Checking Account? _____

Do you have other Resources? _____

A Pension or Annuity? _____

Amount? _____

Do you receive any other Income? (Trust, Support, etc.)

******Important; Attach :**

1. Proof of Income

2. Bank Statements

3. The local County Medical Assistance denial form.

4. Proof of application to obtain government supported insurance exchange product

I certify that the information provided on the applications is correct/true. I authorize the Warren General Hospital Financial Assistance Department to verify this information while processing the applications.

Signature: _____

Date: _____

The application must be returned within 30 days.

