



CONFIDENTIAL FINANCIAL WORKSHEET

City of Lansing Fire Department

Patient Name: _____

Address: _____

Telephone: _____

Responsible Party: _____

Address: _____

Telephone: _____

PLACE OF EMPLOYMENT; FAMILY SIZE

Patient Employment: _____

Number in Household: _____

Parent/Spouse: _____

Number in School: _____

Other Dependents: _____

NET INCOME MONTHLY (Attach most recent W2 and/or most recent Federal tax return)

Patient's Income: _____

Spouse's Income: _____

Father's Income (if minor): _____

Mother's Income (if minor): _____

NET EXPENSES MONTHLY

Rent/House Payment: _____

Car/Truck Payments: _____

Car Insurance: _____

Utilities (electric, phone, gas, water): _____

Food/clothing: _____

Credit card payments: _____

Loan payments: _____

(Bank, credit company, school loans): _____

Health/Dental Insurance: _____

Child care: _____

Child Support: _____

Life Insurance: _____

Social Security: _____

Property Insurance: _____

Pension: _____

Property Tax: _____

SSI/Disability: _____

Medical Fees (Dr, Rx, Hospital): _____

Food Stamps: _____

Other Income: Yes No

Other: _____

Explain

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSES \$ _____

Total Monthly Discretionary Income \$ _____

You certify that the above information is true and accurate and that this application is made to allow our practice to determine your eligibility for reduced out of pocket health care costs.

If any of the information that you have given proves to be untrue, we will promptly reevaluate your financial status and take action necessary to collect on your account.

Signature of patient or parent or legal guardian if patient is a minor

_____ Date: _____

Name of Insurance Company _____

Policy Number _____ Phone Number: _____

Applicant approved or denied for financial hardship assistance.

APPROVED

DENIED

Ded ___ COINS _____ Other _____ Authorized Signature: _____

_____ Date _____