

Financial Assistance Application

Please complete all of the information and return to:

Credit Department
Bozeman Deaconess Hospital
915 Highland Blvd.
Bozeman, MT 59715

Financial Statement

Date: _____

Name: _____ SSN#: _____ Birthdate: _____

Spouse's Name: _____ SSN#: _____ Birthdate: _____

Home Phone: _____ Alternative Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Your Employer: _____ Phone: _____

Employer Address: _____

Spouse's Employer: _____ Phone: _____

Net Monthly "take home" Income: _____ (patient)

Net Monthly "take home" Income: _____ (spouse)

Other Income: _____

Other Assets and Value (stocks, land, trusts, etc.)

Monthly Expenses

Housing Expenses: _____ Transportation: _____

Food: _____ Medical: _____

Utilities: _____ Other Miscellaneous: _____

Insurance: _____



Bozeman Deaconess
HOSPITAL

915 Highland Boulevard
Bozeman, MT 59715

Creditors

| Name & Address | Total Balance | Monthly Payments |
|----------------|---------------|------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Bank Accounts

Institution: _____

Balance in Savings: _____ Balance in Checking: _____

Note: We will need a copy of your previous three (3) years of Federal Tax Returns and your most current wage stub.

In some situations, your ability to qualify for Financial Assistance may be borderline. If that is the case, you may be asked to visit with Consumer Credit Counseling Service so they can further review your financial situation.

I, _____ (please print name) certify that the above information was given in good faith and

to the best of my knowledge is true and correct. I give my consent for Bozeman Deaconess Health Services to verify the above information, and if necessary, I give my consent to allow Consumer Credit Counseling Service to verify any of the above information.

Signature

Signature