

Catskill Regional Medical Center Financial Assistance Application

P.O. Box 800 68 Harris-Bushville Road, Harris NY 12742-0800 (845) -794-3300

Patient Name: _____ **Account #:** _____

Marital Status Married Single Divorced Widowed Significant Other

Patient SS#: _____ **Date of Birth** _____ **Patient Phone #** _____

Home Address: _____

Mortgage: _____ **Rent:** _____

Employer: _____

Financial Institution: _____

(Please Attach a Full Copy of Updated Bank Statement)

Checking Account Balance \$ _____ **Savings Account Balance** \$ _____

OR:
I certify that I **DO NOT** have a **Checking Account** **Savings Account**. Therefore I am unable to provide a statement.

Signature: _____ **Date:** _____

GROSS MONTHLY INCOME

Source	Name	Monthly Income
On/Off the Book Wages		
Self-Employment Earnings		
Social Security Income		
Pension		
Compensation		
Unemployment		
Child Support / Alimony		
Other: Food Stamps, etc.		

List members of your household

Name	Date of Birth	Relationship to Patient

Note: When an application is received without a proper signature or all required documents, CRMC will notify the applicant that he/she will have 30 days to submit any missing documentation and/or correct the application. If the required documentation and/or corrections are not received within the 30 day period the application will be denied.

Documentation Check List

(1) Photo identification (driver's license, passport, sheriff's ID). (2) Proof of income (four most recent paystubs, unemployment statement, Social Security statement). (3) Proof of residency (rent receipt, utility bill). (4) Most recent bank statements (unless you certified above that you have no bank account).

Disclaimer

I have read and understand the above conditions to receive financial assistance. I also understand that all the information on this application will be verified by the staff at Catskill Regional Medical Center and this will serve as a release for income verification. I swear all statements in this application are true and correct. If any information submitted is found to be false it shall be cause for denial of this application and revocation of any previous financial assistance.

Signature of Applicant

Date