**GOOD SHEPHERD**
**850 South 5th Street**
**Allentown, PA 18103**

# *FINANCIAL ASSISTANCE APPLICATION*

| PATIENT NAME | PATIENT NUMBER | BIRTH DATE |
|---|---|---|
| GUARANTOR ADDRESS | | |
| SOCIAL SECURITY# / TELEPHONE# / EMPLOYER NAME & ADDRESS | | |
| GUARANTOR ADDRESS | | |
| CITY | STATE | ZIP CODE |

## SECTION A

**ADDITIONAL FAMILY MEMBERS**

| NAME/RELATIONSHIP | AGE |
|---|---|
| | |
| | |
| | |
| | |

| MONTHLY INCOME: | SOURCE OF INCOME: |
|---|---|
| $ | (GUARANTOR) |
| $ | |
| $ | |
| $ | |
| $ TOTAL | |

## SECTION B

**MONTHLY EXPENSES**

| | |
|---|---|
| RENT | $ |
| MORTGAGE | $ |
| OTHER HOUSING | $ |
| FOOD | $ |
| ELECTRIC | $ |
| GAS | $ |
| HEAT | $ |
| TELEPHONE | $ |
| CABLE | $ |
| GARBAGE | $ |
| OTHER | $ |
| OTHER | $ |
| OTHER | $ |
| OTHER | $ |
| TOTAL | $ |

## SECTION C

**OTHER EXPENSES**

| | |
|---|---|
| CLOTHING | $ |
| TRANSPORTATION | $ |
| (Bus, train, etc.) | $ |
| SCHOOL | $ |
| DONATIONS | $ |
| TOTAL | $ |

## SECTION D

**INSURANCE**

| | |
|---|---|
| CAR | $ |
| HOUSING | $ |
| MEDICAL | $ |
| LIFE | $ |
| TOTAL | $ |

## SECTION E

**CREDIT CARDS**

| NAME | CURRENT BALANCE | CREDIT LINE | MONTHLY PAYMENT |
|---|---|---|---|
| | $ | $ | $ |
| | $ | $ | $ |
| | $ | $ | $ |

## SECTION F

**OTHER ASSETS**

| | |
|---|---|
| Own Home: yes no | Other Real Estate |
| Approximate Value of Home: | Approximate Value of Other Real Estate |
| Mortgage Balance Owed: | |

**SECTION G**

| LOANS | | | |
|---|---|---|---|
| NAME OF INSTITUTION | ORIGINAL BALANCE | CURRENT BALANCE | MONTHLY PAYMENT |
| | $ | $ | $ |
| | $ | $ | $ |
| | | | |
| | | TOTAL | $ |

**SECTION H**

| MEDICAL BILLS | | | |
|---|---|---|---|
| NAME OF MEDICAL ESTABLISHMENT | | | MONTHLY PAYMENT |
| | | | $ |
| | | | $ |
| | | | $ |
| | | | |
| | | TOTAL | $ |

**SUMMARY**

SAVINGS ACCOUNT (INSTITUTION/ACCOUNT#
$

CHECKING ACCOUNT (INSTITUTION/ACCOUNT#
$

MUTUAL FUNDS (INSTITUTION/ACCOUNT#
$

MONEY MARKET FUNDS (INSTITUTION/ACCOUNT#
$

INSURANCE POLICY (INSTITUTION/ACCOUNT#
$

| | |
|---|---|
| SECTION A | $ |
| SECTION B | $ |
| SECTION C | $ |
| SECTION D | $ |
| SECTION E | $ |
| SECTION F | $ |
| SECTION G | $ |
| SECTION H | $ |
| SECTION B TO H | $ |
| TOTAL DISPOSABLE INCOME (B TO H MINUS A) | $ |

**PROPOSAL**

| | APPROVAL | DATE |
|---|---|---|
| INSTALLMENT CONTRACT | PATIENT ACCESS / PATIENT ACCOUNTS STAFF | |
| MEDICAL ASSISTANCE APPLICATION | DIRECTOR OF PATIENT FINANCIAL SERVICES | |
| CHARITY CARE | SR. VICE PRESIDENT OF FINANCE/CFO | |
| | PRESIDENT | |

SIGNATURE_____ DATE_____

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