

THE UNIVERSITY OF CHICAGO MEDICAL CENTER

APPLICATION FOR FINANCIAL ASSISTANCE

Date: _____

Patient Name _____

Medical History # _____ Account No.(s) _____

Address _____ Date of Birth _____

_____ Telephone (____) _____

_____ Last four digits of SSN _____

Responsible Party Name _____ Date of Birth _____

Address _____ Telephone (____) _____

_____ Last four digits of SSN _____

Marital Status (circle one): S M W DIV SEP Relationship to Patient: _____

MONTHLY INCOME

OCCUPATION

AMOUNTS

Patient _____

Spouse _____

Other/Responsible Party _____

Total

ASSETS

Savings Account(s) Balance(s): _____ Checking Account Balance(s) _____

Stocks, bonds, CD, money market balance(s) _____ Other Account(s) Balance(s) _____

If you own any of the following items, please list the type and approximate value. **VALUE**

Secondary Home¹/Vacation Home _____

Automobile _____

Additional Vehicle(s) (make/year) _____

Other property _____

Total

PLEASE ALSO COMPLETE PAGE 2 OF APPLICATION FORM

form date: 4/25/07

¹ Note: PLEASE DO NOT INCLUDE PRIMARY RESIDENCE HERE.

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MONTHLY EXPENSES:

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Food _____	_____
Utilities _____	_____
Auto/Gas _____	_____
Telephone _____	_____
Clothing _____	_____
Child Care _____	_____
Other _____	_____
	Total

CREDITORS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Rent/Mortgage _____	_____
Medical/Doctor _____	_____
Medical/Hospital _____	_____
Medical/Other _____	_____
Insurance/Auto _____	_____
Insurance/Life _____	_____
Insurance/Health _____	_____
Credit Card _____	_____
Credit Card _____	_____
	Total

TOTAL MONTHLY INCOME	_____
PLUS ASSETS OVER \$1,000	_____ (+)
LESS TOTAL MONTHLY EXPENDITURES	_____ (-)
AVAILABLE CONTRIBUTION	_____ (=)

I hereby certify that the information that I have furnished above is true and correct to the best of my knowledge. Should my circumstances change, I hereby agree that I will immediately notify The University of Chicago Medical Center at (773) 702-6664. I understand that, by my signature below, I authorize UCMC and/or its affiliates and designees to access records from various credit requesting bureaus.

Signature: _____

Printed Name: _____

