

# SPECIAL FINANCIAL CONSIDERATIONS APPLICATION

Hillsboro Area Hospital  
1200 E Tremont  
Hillsboro, IL 62049

## Patient/Family Information

Resp. Party Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address/Phone: \_\_\_\_\_  
Spouse Employer: \_\_\_\_\_ Address/Phone: \_\_\_\_\_  
Number Members in Family: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Income Sources (Before Taxes)

Verification Required (Last Year's Taxes, Check Stubs, Social Security, Etc.)

Gross Wages-Resp. Party: \_\_\_\_\_ Gross Wages Spouse: \_\_\_\_\_  
Self-Employment: \_\_\_\_\_ Public Assist./Welfare: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Workcomp./Unemployment: \_\_\_\_\_  
Alimony/Child Support: \_\_\_\_\_ Pensions/Insurance: \_\_\_\_\_  
Dividends/Interest: \_\_\_\_\_ Rents/Royalties: \_\_\_\_\_  
Estates/Trusts: \_\_\_\_\_ Other: \_\_\_\_\_  
Total Gross Income: \_\_\_\_\_

## Assets

Cash Amount:\$ \_\_\_\_\_ Stocks/Bonds/Investments: \_\_\_\_\_  
Name Bank/Acct#: \_\_\_\_\_  
\_\_\_\_\_  
Account Balance:\$ \_\_\_\_\_ Vehicles/Year/Make: \_\_\_\_\_  
Other: \_\_\_\_\_ Value:\$ \_\_\_\_\_  
Total Assets: \_\_\_\_\_

I hereby state that the information given is true and complete.

I authorize any required verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(For Hospital Use Only)**

Financial Summary

Total Income: \$ \_\_\_\_\_ YR.

Last Year tax return: \$ \_\_\_\_\_ YR.

Last three month: \$ \_\_\_\_\_ x4=\$ \_\_\_\_\_ YR.

\_\_\_\_\_ Approved \_\_\_\_\_ %

\_\_\_\_\_ Denied

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_