

This box to be completed by Schneck Staff

Account Number(s):

Total Outstanding Balance:

*****Print all sections of this application. If a question does not apply to you, indicate by writing "n/a" or "none" in the blank. If you have questions about this form, contact a Financial Counselor at 812-522-0411 x3.**

All fields must be filled in for your application to be considered.

SECTION 1 – PATIENT INFORMATION

Patient Name _____
Last First MI

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Does the patient have health insurance? Yes No

If YES, Insurance Plan Name _____ Policy ID # _____

Is the balance due related to a motor vehicle or work related injury? Yes No

If YES, Carrier Name _____ Carrier Phone # _____

Claim ID _____

SECTION 2 – GUARANTOR INFORMATION (Person responsible for paying the bill)

Guarantor Name _____
Last First MI

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Other Phone # _____

Employer Name _____ Employer Phone # _____

Employer Street Address _____ City _____ State _____ Zip _____

SECTION 3 – HOUSEHOLD INFORMATION (List all related persons that constitute one taxable unit.)

Name	Age	Relationship to Patient	Employer Name	Other Income (Social Security/ Disability/ Unemployment/ Pension/Child Support/ Alimony/Rental Interest/Other)
1)		Patient		
2)				
3)				
4)				
5)				
6)				

SECTION 4 – SUPPORTING DOCUMENTATION CHECKLIST (Copies of all applicable supporting documentation must be provided for your application to be considered. Documents will **not** be returned.)

X	Supporting Documentation
	Last three months' pay stubs for all household earners
	Most recent federal tax return for all family members (i.e. 1040, 1040A, or 1040EZ, not W-2)
	Three most recent bank statements (checking, savings, investments, retirement, etc.) for all family members. All bank statements must contain transaction detail.
	Unemployment eligibility or denial letter
	Year to date business records showing allowable IRS income and expense for all self-employment, rental income, and/or farm income
	Legal decree showing tax dependent eligibility and court ordered income
	Statement and contact information from any individuals assisting with living expenses

