

Financial Assessment Application
Demographic Information

| |
|--|
| Applicant Name: |
| Relationship to Patient: _____ self _____ spouse _____ parent _____ other (describe) |
| Guarantor Account number (if known): |
| Applicant Address: |
| City/ State/ Zip: |
| Phone #: |
| Applicant Date of Birth: |
| Applicant Social Security #: |
| Is the patient a legal resident of the United States? _____ Yes _____ No |

Income Information

| |
|---|
| How many individuals live in the family household? _____ |
| Annual Gross Income: Guarantor \$ _____ + Spouse \$ _____ + Other \$ _____ |
| Total Annual Household Gross Income \$ _____ (income before taxes and other deductions) |

Document Information

| |
|---|
| Please attach copies of the following documents: |
| <input type="checkbox"/> Drivers License or State Identification card |
| <input type="checkbox"/> Most recent two years Federal Income Tax Returns (IRS 1040, 1040A, 1040EZ) |
| <input type="checkbox"/> Pay stubs last three months, if employed |
| <input type="checkbox"/> Proof of other sources of income (includes Social Security, child support, unemployment benefits, pensions, trusts, rental property) |
| <input type="checkbox"/> Statement of Financial Hardship |
| <input type="checkbox"/> Other documents (your Financial Counselor will specify if anything else is required) |

Information that I have provided to support the Financial Assessment Application is, to the best of my knowledge, accurate and reflects financial information as of the date of the application.

Signature of Applicant: _____ Date: _____

Return completed documents including all required attachments to:

Financial Case Management Unit – University of Illinois Medical Center at Chicago
 1740 W. Taylor Street, Room 1135 (M/C 778); Chicago, IL 60612-7232
 Telephone: 312-413-7621 Fax: 312-996-1001 Email: billinfo@uic.edu

For Internal Use Received on: _____ Received by: _____ Complete: _____