



HCM

HILL COUNTRY MEMORIAL

Hill Country Memorial Financial Assistance Application (Instructi Fredericksburg, TX

Patient Name: Patient Date(s) of Service: Patient Soc Sec #: Patient Date of Birth: Does Patient Have Insurance Coverate (Y, N) Carrier/Company?

Responsible Party name (if different than patient): Soc Sec #: Date of birth: Relationship to patient: Address: Home Phone: Cell Phone: Work Phone: Marital Status: Employed: How long? Occupation:

Spouse Name: Spouse Soc Sec#: Employed: How long? Occupation: Spouse Employer Name/Address:

Household Information: Size () (Complete below for each household member not listed above) Table with columns: Name, Relationship, Soc Sec Number, Date of Birth

Earnings/Income - list salary, wages, tips, unemployment, retirement, Social Security, SSI or other source income: Table with columns: Patient/Resp Party, Spouse Earning, Hourly Rate, Gross Monthly, Net Monthly

Other Monthly Household Income & Assets: Table with columns: Other Income, Checking Account Balance, Savings Account Balance, CD's, Bonds, Sotcks, IRA, Total Monthly Income, Total Annual Income, Auto Valuation, Other Value, Other asset/income

Are you receiving any financial assistance such as Food Stamps, TANF/AFDC, Student Financial Aid or other assistance? Y or N Please specify: Please describe any other means in meeting day-to-day expenses or situations that you believe relevant to approval of the financial assistance application:

I, the undersigned, certify that the above information is true and accurate to the best of my knowledge. I understand that the information submitted is subject to verification. In the review process, additional information may be requested to verify the information provided in this application. I understand that falsification of information submitted may jeopardize my consideration for the Financial Assistance program. Furthermore, to qualify for this program, I understand I must apply for any and all assistance that may be available to help pay this hospital bill prior to completing this application.

Responsible Party Signature Spouse Signature Date

Hill Country Memorial Representative/Date

Please mail completed application to: Hill Country Memorial Attn: Business Office 1020 S State Highway 16 Fredericksburg, TX 78624