

FINANCIAL STATEMENT PROFILE

Name:		SS#:
Street Address:		
		Contact Phone#:
Employer:		Years Employed:
Are you married? Yes No		ouse's Name:
Number of Dependents (include yourself):		res:
Number of Household members:		
PATIENT'S INCOME INFORMATION		SPOUSE/OTHER HOUSEHOLD MEMBER'S INCOME INFORMATION
Salary: \$		Salary: \$
Is this amount: Hourly MonthlyYe		Is this amount: Hourly MonthlyYearly
Unemployment: \$		Unemployment: \$
Social Security or Disability: \$		Social Security or Disability: \$
AFDC: \$ Child Support: \$		AFDC: \$Child Support: \$
Savings Account: \$		Savings Account: \$
Checking Account: \$		Checking Account: \$
Othoric		
Other: \$	ceived from	
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At any time during the application process, Emory may request additional documentation, such as Medicaid Denial Letter, to assist the determination of your eligibility for Financial Assistance. Should your financial situation change, Emory may request a new application. A determination of eligibility for financial assistance will be effective for a maximum of 12 months. A new application is needed for the re-determination of your eligibility of Financial Assistance after the maximum 12 months approval period.

Any misrepresentation of the above information may result in the retroactive denial or reduction of financial assistance and the patient/guarantor being held liable. In addition, Emory Healthcare reserves the right to evaluate a patient's eligibility under the Emory Healthcare Financial Assistance Policy from time to time and to adjust the patient's account as necessary.