



FINANCIAL STATEMENT PROFILE

Mail to: Emory Hospitals
Attn: Customer Service
PO Box 406864
Atlanta, GA 30384

Name: _____ SS#: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Contact Phone#: _____
Employer: _____ Years Employed: _____
Are you married? ___ Yes ___ No Spouse's Name: _____
Number of Dependents (include yourself): _____ Ages: _____
Number of Household members: _____

PATIENT'S INCOME INFORMATION

SPOUSE/OTHER HOUSEHOLD MEMBER'S INCOME INFORMATION

Salary: \$ _____
Is this amount: ___ Hourly ___ Monthly ___ Yearly
Unemployment: \$ _____
Social Security or Disability: \$ _____
AFDC: \$ _____ Child Support: \$ _____
Savings Account: \$ _____
Checking Account: \$ _____
Other: \$ _____

Salary: \$ _____
Is this amount: ___ Hourly ___ Monthly ___ Yearly
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AFDC: \$ _____ Child Support: \$ _____
Savings Account: \$ _____
Checking Account: \$ _____
Other: \$ _____

Please check below the services that you received from Emory

- ___ Emory Healthcare Hospitals
___ The Emory Clinics/Emory Specialty Associates
___ Emory Healthcare Retail/Specialty Pharmacies

PLEASE SUBMIT THE FOLLOWING WITH THIS FORM:

- ___ Last Two Pay Stubs
___ All Bank Statements for the previous two months
___ Last two years Tax Return
___ Income Award Letter (as applicable)
___ Proof of Georgia Residency Documents* (as applicable)

*At least one of the following documents: Utility bill(s), driver's license, or State of Georgia ID card.

THE PRECEDING INFORMATION IS TRUE AND CORRECT:

Signature: _____ Date: _____

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.

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.