Mount Sinai
MEDICAL CENTER

FINANCIAL ASSISTANCE APPLICATION

1. **PATIENT NAME** _____ **SS#**_____

2. **PARENT NAME (if patient is minor)** _____ **SS#**_____

3. **SPOUSE NAME** _____ **SS#**_____

4. **ADDRESS WHERE YOU CURRENTLY RESIDE:**_____

_____

5. **MAILING ADDRESS (if different from above):**_____

_____

6. **NUMBER OF PERSONS IN FAMILY** _____

7. **INCOME VERIFICATION**

(List all persons who reside in your household)

Name	Relationship to Patient	Employer Address	Monthly Income

8. **TOTAL FAMILY INCOME FOR THE LAST 12 MONTHS $**_____ **LAST 3 MONTHS $**_____**.**

9. **Is there any other income in the family?** _____ **(if yes, list source and monthly amount)**

_____

_____

_____

_____

_____

_____

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10. MONTHLY EXPENSES

RENT/MORTGAGE	**$**	**TRANSPORTATION**	**$**
CAR PAYMENT #1	**$**	**CHARGE ACCOUNTS**	**$**
CAR PAYMENT #2	**$**	**CHILD SUPPORT**	**$**
UTILITIES	**$**	**OTHER**	**$**
FOOD	**$**	**TOTAL**	**$**

11. Have you applied for Public Assistance (i.e. MEDICAID, SSI) to assist with your medical bills? _____.
What was the outcome of your case? _____.

12. Is there any other information you would like us to take into consideration when reviewing your request?
_____

_____

I understand that the information I have submitted above is subject to verification by Mount Sinai Medical Center. I certify that the above information is true and accurate and understand that in accordance with Florida Statue 817.50, providing false information to defraud a hospital for the purpose of obtaining goods or services is a misdemeanor in the second degree.

I agree to apply for any assistance, i.e., Medicaid, SSI, etc. which may be for payment of my hospital charges and I will take any action necessary to obtain such assistance. I understand that the hospital may re-evaluate my financial status at any time.

I hereby authorize Mount Sinai Medical Center or its representative to perform a credit and employment verification.

_____ _____ _____
Signature of person completing application **Date** **Witness**