Request for Financial Counseling Services East Alabama Medical Center

| First Name | Middle Initial | | |
|------------------------------|----------------|--------------|------------|
| Last Name | | | |
| Social Security Number | | | |
| Date of Birth//_ | | | |
| Home Phone# | (| Cell Phone# | |
| Applicant's Street Address | | | |
| City | _State | Zip Cod | e |
| Applicant's Employer | | | |
| Employer's Address | | | |
| City | State | Zip Co | de |
| Marital Status M D | _ Separated_ | Single | |
| If Married or Separated: | | | |
| Spouses First Name | | Middle Initi | al |
| Last Name | | | |
| Social Security Number | | | _ |
| Date of Birth// | | | |
| List all members of your hou | sehold (incl | uding self): | |
| Name | Age | Relationship | Occupation |
| | | - | |
| | | | |
| | | - | |
| | | | |
| | | | |

| Household Income: Wages | Total/Monthly: \$ | Total/Yearly: \$ |
|--|--|---|
| Other | \$ | \$ |
| Do you have a checking account? Yes Do you have a savings account? Yes | No No | _ |
| If financial assistance is received from a including the amount and type of assist application. | The state of the s | |
| Admitting Diagnosis | | |
| Public Assistance Have you ever applied for Medicare or other | her public assistance? | |
| What was the approximate date of your ap | oplication? | |
| What response have you received? | | |
| I hereby request that my application for F the East Alabama Medical Center Financi understand that the information submitted also understand that if the information that will constitute fraud. Such a determination Services, and I will be liable for charges for the substitute of the | fal Counseling Service I herein is subject to vo at I have submitted is con will result in a denia | es Committee. I erification by EAMC. I determined to be false, it |
| Signature (EAMC Representative) | Signature (| Patient) |
| Date | Signature (| Applicant) |
| Additional Comments: | | |
| | | |
| | | |