

HOUSEHOLD MONTHLY INCOME AND EXPENSES

Income Item	Amount (Monthly)	Expense Item	Amount (Monthly)
Total Household Gross Pay		Rent/Mortgage	
Interest Income		Property Taxes	
Rental Income		Automobile	
Alimony		Insurance: Homeowners	
Child Support		Insurance: Health/Life	
Pension		Cable	
General Assistance		Utilities	
Unemployment		Groceries	
State/Federal Assistance		Gasoline	
Social Security		Medical	
Land Contract Income		Alimony/Child Support	
Worker's Comp		Garbage	
Military Family Allotments		Cell Phone	
Other (please specify)		Other	

INSTALLMENT LOANS AND CREDIT CARDS

Creditor	Balance Owed	Monthly Payment

Total Income	Total Expenses

I hereby affirm that the above information is correct to the best of my knowledge. I authorize Memorial Healthcare to verify any information for completeness and accuracy. I understand as a charitable organization, Memorial may provide me with discounted or free care.

Patient or Responsible Party Signature

Date

Approvals are valid for three(3) months, upon which updated information will be required for any future services. Payment arrangements must be made for any remaining balance and can be reevaluated at Memorial's discretion.

Approved Denied

Approval Signature

Date

Reason For Denial