MONTGOMERY GENERAL HOSPITAL
CHARITY APPLICATION

Account No. _____ Date of Request: _____

I hereby request that Montgomery General Hospital make a written determination of my eligibility for Charity services at its facility. I understand that the information, which I submit concerning my annual income and family size, is subject to verification by Montgomery General Hospital. I also understand that if the information, which I submit, is determined to be false, such a determination will result in a denial of Charity services, and that I will be liable for charges for services provided.

Patient Name: _____ Phone No. _____

Guarantor: _____ Relationship: _____

Address: _____

Occupation: _____(yr.)_____ Employer: _____

Family size: _____ Name Relationship

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Expected date(s) of services: _____

PROOF OF INCOME
FOR LAST 12 MONTHS

List income for family from:

1.	Wages	_____ Copy of prior year W2
		_____ Copy of last two months check stubs
2.	Savings Account	_____ Name of Bank _____
3.	Checking Account	_____ Name of Bank _____
4.	Social Security	_____ Copy of Social Security Check
5.	Unemployment	_____ Copy of Unemployment Check
6.	Worker's Compensation	_____ Copy of Worker's Comp Check
7.	Pensions	_____ Copy of Check
8.	Alimony/Child Support	_____ Copy of Check
9.	Public Assistance	_____ Copy of Check/Food Stamp Voucher
10.	Income from dividends, interest	_____ Copy of Bank Statement
11.	Farm or Self-employment	_____ Copy of Quarterly Taxes
12.	Rent/Mortgage	_____ Attach Proof
13.	Other	_____ Attach Proof

I affirm that the following information is true and correct to the best of my knowledge.

Date: _____ Signature: _____

ELIGIBILITY DETERMINATION

APPLICANT: _____ ACCOUNT NO.: _____

Based on the information supplied by the patent or on behalf of the patient, the following determination has been made:

1. _____Your request for Charity has been denied because:
   _____ Your income exceeds the criteria specified
   _____ Other _____

*Please call our Business Office for payment arrangements.

2. _____Your request for Charity has been approved for services rendered.
   _____ Other _____

The following documents were provided to verify income and family composition.

_____Paycheck Stubs _____Income Tax Returns _____Other

Determination made by: _____