



# Ascension

## Financial assistance secondary application form\*

\* This form is to be used only after a patient has completed the Financial assistance application form, and only after it is determined that the patient's income is at or above 201% FPL.

**Applicable to Ascension St. Joseph's and Standish Hospitals ONLY!**

### Patient information

*(Please print and all fields must be completed. Indicate N/A if not applicable on any individual line in the application)*

Date \_\_\_\_\_ Account number \_\_\_\_\_

Name (first and last) \_\_\_\_\_

Birth date \_\_\_\_\_ Marital status \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social security number (for billing and identification purposes only) \_\_\_\_\_

Employer \_\_\_\_\_ Employment status \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Employer phone number \_\_\_\_\_

### Assets

Cash/savings/checking accounts \$ \_\_\_\_\_

Stocks/bonds/investments/CD(s) \$ \_\_\_\_\_

Other real estate/secondary residence \$ \_\_\_\_\_

Boat/RV/motorcycle/recreational vehicle \$ \_\_\_\_\_

Collector automobiles/non-essential automobiles \$ \_\_\_\_\_

Other assets \$ \_\_\_\_\_