## FINANCIAL STATEMENT / APPLICATION FOR MONTHLY PAYMENTS



This form will help us determine if your immediate family's outstanding account balances of more than \$2,000 will be eligible to extend a payment contract longer than 24 months.

Patient Name	Account Number	
Guarantor's Address City	State Zip Code	Phone
Social Security Number	Email Provide to receive communication regarding this application via email.	
	Spouse's Employer	
*Gross Monthly Salary \$	*Spouse's Gross Monthly Salary \$	
Number of persons who are dependent on you	for more than 50% of their s	upport
Age(s) of Dependent(s) Name	e(s) of Dependent(s)	
	NICOME AND ASSETS	
ACTUAL DOCUMENTATION MUST ACCOMP	ANY THIS FORM FOR ALL I'es if not applicable to you.	TEMS NOTED WITH AN *
*Dividends/Interest \$ *Rental Income \$ *Pension \$		
*Social Security \$ *Checking A	count \$ *Military Allotment \$	
*Child Support/Alimony \$	*Savings Account \$	
MONTHLY EXPENSES	LIVING	EXPENSES
*Electric \$ Gasoline \$		
*Electric \$ Gasoline \$ *Water \$ Food \$	*Mortgage/Rent \$	*Health Insurance \$
*Electric \$ Gasoline \$	*Mortgage/Rent \$*	*Health Insurance \$  *Life Insurance \$  *Auto Insurance \$
*Electric \$ Gasoline \$ *Water \$ Food \$ *Child Care \$ *Cable/Internet \$ *Medical \$ *Medic	*Mortgage/Rent \$ *Auto Loan \$ *Auto Loan \$ *Personal Loan \$	*Health Insurance \$*  *Life Insurance \$*  *Auto Insurance \$*  *Renters/Home
*Electric \$ Gasoline \$ *Water \$ Food \$ *Gas \$ *Child Care \$	*Mortgage/Rent \$ *Auto Loan \$ *Auto Loan \$	*Health Insurance \$*  *Life Insurance \$*  *Auto Insurance \$*  *Renters/Home
*Electric \$ Gasoline \$  *Water \$ Food \$  *Gas \$ *Child Care \$  *Cable/Internet \$ *Medical \$  *Phone: Cell/Home \$	*Mortgage/Rent \$ *Auto Loan \$ *Auto Loan \$ *Personal Loan \$	*Health Insurance \$*  *Life Insurance \$*  *Auto Insurance \$*  *Renters/Home
*Electric \$ Gasoline \$ *Water \$ Food \$ *Cable/Internet \$ *Medical \$ *Phone: Cell/Home \$	*Mortgage/Rent \$*Auto Loan \$*Auto Loan \$*Personal Loan \$*Credit Union Loan \$  Other Debts we should take into conside	*Health Insurance \$*Life Insurance \$*Auto Insurance \$*Renters/Home Insurance \$(If not escrowed)
*Electric \$ Gasoline \$ *Water \$ Food \$ *Gas \$ *Child Care \$ *Cable/Internet \$ *Medical \$ *Phone: Cell/Home \$ \$ Other Debts \$ \$ Please describe any personal circumstances that	*Mortgage/Rent \$  *Auto Loan \$  *Auto Loan \$  *Personal Loan \$  *Credit Union Loan \$  we should take into conside with these expenses?  rmation to be considered for the best of my knowledge, I	*Health Insurance \$ *Life Insurance \$ *Auto Insurance \$ *Renters/Home Insurance \$ (If not escrowed) \$ * aration.
*Electric \$ Gasoline \$ *Water \$ Food \$ *Gas \$ *Child Care \$ *Cable/Internet \$ *Medical \$ *Phone: Cell/Home \$ \$ Please describe any personal circumstances that Is there anyone else in the household that helps to the for accounts at Lima Memorial Health System. To	*Mortgage/Rent \$  *Auto Loan \$  *Personal Loan \$  *Credit Union Loan \$  Other Debts  we should take into conside with these expenses?  rmation to be considered for the best of my knowledge, leading to the considered sumentation supporting the accordance in the second supporting supporting the second supporting the second supporting support	*Health Insurance \$ *Life Insurance \$ *Auto Insurance \$ *Renters/Home Insurance \$ (If not escrowed) \$ * aration.