

STEELE MEMORIAL MEDICAL CENTER
203 SO DAISY STREET
SALMON, IDAHO 83467
(208) 756-5608

Dear Patient,

Thank you for utilizing Steele Memorial Medical Center for your medical services. In reviewing your account(s), you may be eligible for financial assistance offered through Steele Memorial Medical Center.

Enclosed you will find a financial statement. Please complete and return to the above address (Attention: Patient Financial Services) with copies of your most recent:

- Bank Statement (2 months)
- W-2's, Social Security statement or 2 paystubs
- Last year's tax return (if applicable)
- Letter from Medicaid denial or acceptance

Once we have received all of the above information your account will be reviewed by administration. Please call if you have any questions.

Sincerely,
Shari Jensen
Patient Financial Counselor
Steele Memorial Medical Center
208-756-5608

**Steele Memorial Medical Center
203 SO DAISY STREET
Salmon, ID 83467
Phone: (208) 756-5608**

FINANCIAL STATEMENT

1. Head of Household: _____ Spouse's Name: _____
 Address: _____
 Home Phone: _____ Work Phone: _____

2. Occupation (SELF): _____ Social Security #: _____
 Employer (SELF): _____
 Employer Address: _____
 Occupation (SPOUSE): _____ Social Security #: _____
 Employer (SPOUSE): _____
 Employer Address: _____

3. Number of members residing in household (FIRST AND LAST NAMES):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Have you ever filed for bankruptcy? YES _____ NO _____

5. Do you have any judgements, suits, or litigation pending? YES _____ NO _____

6. Income - List all income for household:	Monthly	Yearly
Wages (Gross – before taxes):	_____	_____
Farm or Self-employment:	_____	_____
Public Assistance:	_____	_____
Social Security/or SSI:	_____	_____
Unemployment Compensation:	_____	_____
Worker’s Compensation:	_____	_____
Strike Benefits:	_____	_____
Alimony:	_____	_____
Child Support:	_____	_____
Military Family Allotments:	_____	_____
Pensions/Retirement:	_____	_____
Dividends, Interest, Rent, ETC.	_____	_____
Sale of Property:	_____	_____
Education Grants/ Loans:	_____	_____
Inheritance:	_____	_____
Royalties:	_____	_____
Native American Income:	_____	_____
Income Tax Refund ___ FED ___ STATE	_____	_____
Settlement Income:	_____	_____

7. Home (Primary Dwelling):	Other Property:
Purchase Price: \$ _____	Description: _____
Improvements: \$ _____	Description: _____
Estimated Value: \$ _____	Estimated Value: \$ _____
Financed Through: _____	Financed Through: _____
Can you borrow against the equity of either property?	YES _____ NO _____
If NO, please explain: _____	

8. Automobiles

RV's, Boats, Motorcycles, ETC

Year/Make	Model	Value	Year/Make	Model	Value
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

9. Assets (I own)

Account Number

Institution

Balance/Value

Cash on Hand:	_____	_____	\$ _____
Checking:	_____	_____	\$ _____
Savings:	_____	_____	\$ _____
Auto/RV:	_____	_____	\$ _____
Home:	_____	_____	\$ _____
Stocks/Mutual Funds:	_____	_____	\$ _____
Life Insurance/IRA:	_____	_____	\$ _____
Bonds/CD's:	_____	_____	\$ _____
Mineral Rights:	_____	_____	\$ _____
Other:	_____	_____	\$ _____
TOTAL ASSETS:			\$ _____

10. Monthly Expenses

Rent: \$ _____	Gasoline: \$ _____	Food: \$ _____
Insurance(s): \$ _____	Electric: \$ _____	Childcare: \$ _____
Heating Fuel: \$ _____	Child Support: \$ _____	Phone: \$ _____
Pharmacy: \$ _____	Water: \$ _____	Alimony: \$ _____
Cable TV: \$ _____		

TOTAL EXPENSES: \$ _____

11. Liabilities (I owe)	List Names	Current Balance	Payment
Bank/Credit Union:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Mortgage Loan:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Auto/RV Loan:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Credit cards/Revolving Acct.:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Medical/Hospital Bills:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Medical/Hospital Bills: (including dentists)	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Collection Agency Accounts:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
School Loans:	_____	\$ _____	\$ _____
Other:	_____	\$ _____	\$ _____
Total Liabilities:		\$ _____	
Total Monthly Payments:			\$ _____

Signature: _____

Date: _____

Signature (Spouse): _____

Date: _____

Fin. Counselor Signature: _____

Date: _____