

STEELE MEMORIAL MEDICAL CENTER

Patient Financial Services Policy

Title: 600-023 Charity Policy Attachment A

Originating Date: 08/09/2018.

Last Reviewed: 12/07/2020

Steele Memorial Medical Center
203 S Daisy St.
Salmon, ID 83467
Phone: (208) 756-5600

FINANCIAL STATEMENT

1. Head of Household: _____ Spouse's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

2. Occupation (SELF): _____ Social Security # (optional): _____

Employer (SELF): _____

Employer Address: _____

Occupation (SPOUSE): _____ Social Security # (optional): _____

Employer (SPOUSE): _____

Employer Address: _____

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

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

4. 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:	_____	_____

3. Monthly Expenses The information below is not required for patients seeking care in the Out Patient Clinic or ER.

5.

Rent: \$ _____	Gasoline: \$ _____	Food: \$ _____
Insurance(s): \$ _____	Electric: \$ _____	Childcare: \$ _____

Heating Fuel: \$ _____ Child Support: \$ _____ Phone: \$ _____
 Pharmacy: \$ _____ Water: \$ _____ Alimony: \$ _____
 Cable TV: \$ _____

TOTAL EXPENSES: \$ _____

4. Liabilities (I owe) The information below is not required for patients seeking care in the Out Patient Clinic or ER.

6. 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:		\$ _____

