

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Assistance Policy 600-025 - ATTACHMENT A

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: \$ _____		

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TOTAL EXPENSES: \$ _____

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

	List Names	Current Balance	Payment
6.	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:		\$ _____

