



Financial Assistance Review Request

It is your request to have your account reviewed by us for possible financial assistance. We understand and would like to help you in this process. Enclosed, you will find a financial statement form. Please complete and return this form within 30 days, along with copies of the following information:

- Copy of your 2 most recent pay stubs
- Copy of your most recent income tax return
- Denial letter from Medicaid (If you make less than \$12,000 a year)*

***(If you need to apply for Medicaid and live in Greene County you may contact the Family Support Division at 1-800-392-1261)**

The above documentation is **required** in order to process your request for financial assistance. If you have any questions or concerns regarding the form or the process, please contact us at 417-875-3772.

******If you are approved for financial assistance and fail to make your scheduled monthly payments to our office towards your discounted balance; the financial assistance will be removed from your account. The full balance prior to financial assistance, minus any payments you have made, will be turned over to collections.******

Sincerely,

Patient Administration & The Billing Department of: Crighton Olive Dunn Surgical Group



Financial Statement

Patient's Name: _____ Date ____/____/____

Account #: _____ Date of Birth: ____/____/____ Social Security #: ____-____-____

Telephone #: _____ Number of persons in Household _____

Parent or Guardian Name (if patient is a minor child): _____

If patient is a minor child, please enter the parent or guardian's information where it asks for the patient's.

Patient's Employer: _____ Gross Monthly Income \$ _____

Spouse's Employer: _____ Gross Monthly Income \$ _____

Please list any other monthly income _____ \$ _____ \$ _____

Have you applied for Medicaid or other assistance? Yes No Please list: _____

Name of Bank _____

Checking \$ _____ Savings \$ _____ CDs/Stocks/Bonds: \$ _____

Do you own or rent? Own Rent Monthly rent or mortgage payment \$ _____

How many years have you owned your home? _____

Do you own rental property? Yes No If yes, list the monthly income \$ _____

Do you own acreage? Yes No If yes, what is the market value? \$ _____

Vehicle year/make/model _____ Vehicle year/make/model _____

Recreation Vehicle/Boat year/make/model _____

Farm Machinery: _____ Livestock and how many: _____

Please list your **monthly** expenses below:

Utilities \$ _____ Telephone \$ _____ Food \$ _____ Gas (vehicles) \$ _____

Car Insurance \$ _____ Miscellaneous (please specify) \$ _____

Car Loan (Lender): _____ Balance \$ _____ Payment \$ _____

Loan (Lender): _____ Balance \$ _____ Payment \$ _____

Credit Card: _____ Balance \$ _____ Payment \$ _____

Credit Card: _____ Balance \$ _____ Payment \$ _____

Please list the total for any other medical expenses: Balance \$ _____ Payments \$ _____