



Loretto Hospital, 645 S. Central Ave., Chicago, IL 60644, Phone: (773) 626-4300

## Application for Financial Assistance

**PATIENT INFORMATION**

**PATIENT ACCOUNT NUMBER** \_\_\_\_\_

Last Name	First Name	MI	Age	Social Security #	Dependants
Street Address					Home Phone
City					Zipcode
Employer					Cell Phone
Employer Address					Work Phone
City					Zipcode
<b>SPOUSE/PARENT INFORMATION (IF MINOR)</b>					
Last Name	First Name	MI	Age	Social Security #	Dependants
Street Address					Home Phone
City					Zipcode
Employer					Cell Phone
Employer Address					Work Phone
City					Zipcode
<b>INCOME INFORMATION</b>					
List all income, including employment income, spouse's income, rental income, social security, unemployment compensation, worker's compensation, alimony, child support, veteran's payments, insurance or annuity income, dividends, etc. Attach an additional sheet if more lines are needed. Provide copies (last 2-3 months).					
DESCRIPTION OF INCOME	WEEKLY OR MONTHLY	PAID TO	GROSS AMOUNT		

**MEDICAL EXPENSES**

List outstanding medical bills, including bills from your physician, anesthesiologist, dentist, and for prescriptions, diagnostic testing, hospital services, etc. Attach an additional sheet if more lines are needed.

Debtor	Type of Debt	Amount of Debt

**PERSONAL FINANCIAL STATEMENT (INCLUDE SPOUSE'S INFORMATION)**

ASSETS (WHAT YOU OWN WITH CASH VALUE):	MONTHLY EXPENSES
Savings (Name & Acct#) _____ \$ _____ Checking (Name & Acct #) _____ \$ _____ Retirement Plan \$ _____ Real Estate (Market Value) \$ _____ Vehicle (s) \$ _____ Other Assets \$ _____	Real Estate Loan/Mortgage \$ _____ Rent \$ _____ Auto Loans \$ _____ Credit Cards \$ _____ Other \$ _____ Utilities \$ _____ Food \$ _____ Child Care \$ _____ Lunch \$ _____

**PLEASE PROVIDE ANY INFORMATION THAT MAY ASSIST US IN ASSESSING YOUR FINANCIAL SITUATION.**


I/We certify that the above information is true and complete to the best of my/our knowledge.

Applicant(s) authorize Loretto Hospital to check my/our employment and credit history.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_\_