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**PLEASE ATTACH THE FOLLOWING ITEMS  
TO THE FINANCIAL DISCLOSURE FORM**

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- Copies of **last** three months of checking and savings account statements.
  - Include self and spouse if you have separate accounts.
  - Need complete statements which include individual check and debit entries.
  - If no bank statements, please provide copies of your last two years of tax returns.
  
- Last three months of pay stubs
  - Include spouses' pay stubs.
  - If on social security, please include letter stating monthly income.
  - If disabled, please include disability letter including monthly income.
  
- List of all outstanding medical bills owed to hospitals, clinics, etc.
  - List name of each facility/doctor with balance owed.
  - List on a separate sheet – not included with your monthly payments.
  
- Any relevant information you wish to provide further explaining your financial situation.
  
- Copy of denial for assistance from your County.

**Return this information no later than:** \_\_\_\_\_

***PLEASE NOTE:*** *If you do not provide all of the information requested above by the date given, your financial disclosure will not be considered and standard collection efforts will continue. Thank you for your cooperation.*

**Financial Disclosure**

Account Number(s) \_\_\_\_\_

Patient Name \_\_\_\_\_

Guarantor Name (if different than patients) \_\_\_\_\_

Address \_\_\_\_\_

Guarantor Address (if different than patients) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Age(s) and names of dependent children \_\_\_\_\_

<u>Assets</u>	<u>Patient</u>	<u>Spouse</u>
Cash in Bank \$ _____	Mthly Gross Income \$ _____	_____
Cash on Hand \$ _____	Veterans Pension \$ _____	_____
Stocks & Bond \$ _____	Disability Pension \$ _____	_____
Vehicles:	Retirement (all)\$ _____	_____
1 <sup>st</sup> Year _____ Type _____ Value _____	Social Security \$ _____	_____
2 <sup>nd</sup> Year _____ Type _____ Value _____	Unemployment \$ _____	_____
Home Purchase Price \$ _____	Workers Comp \$ _____	_____
Improvements (home) \$ _____	Alimony/Child Supp \$ _____	_____
Est. Present Value \$ _____	Mthly Rental Income \$ _____	_____
Other Real Estate \$ _____	<b>Total Gross Income \$</b> _____	_____
Other Investments/savings (list) \$ _____	<b>Combined Income \$</b> _____	_____

<u>Liabilities</u> (if additional space is needed, attach separate sheet)			<u>Monthly Expenses not Previously Listed</u>	
Name of Creditor	Unpaid Bal	Mthly Paymnt	Rent	\$ _____
Bank _____	\$ _____	\$ _____	Food	\$ _____
Auto _____	\$ _____	\$ _____	Insurance (type) _____	_____
Credit Union _____	\$ _____	\$ _____	Clothing	\$ _____
Charge Cards _____	\$ _____	\$ _____	Phone	\$ _____
_____	\$ _____	\$ _____	Utilities	\$ _____
_____	\$ _____	\$ _____	Car Expense	\$ _____
Doctors/Dentist _____	\$ _____	\$ _____	(repairs, gas, etc. – do not include payments)	
_____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		
Hospitals _____	\$ _____	\$ _____		
_____	\$ _____	\$ _____		
<b>Total Monthly Payments</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>Total Monthly Expense</b>	<b>\$ _____</b>

Other Considerations \_\_\_\_\_

Remarks: \_\_\_\_\_

**State Your Proposed Payment Plan:** \_\_\_\_\_

I (we) hereby acknowledge that the information given to the Heart Hospital of SD, Sioux Falls, SD, as in the Financial Disclosure indicated is true and correct and given for the purpose of obtaining credit, and authorizes release of information from my financial institution and creditors to the Heart Hospital of SD or its representatives.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

