

ValleyOpenMRI

FINANCIAL ASSISTANCE APPLICATION

ALL QUESTIONS MUST BE ANSWERED

PART 1: IDENTIFICATION INFORMATION

Patient Name:	SS#:
Street Address:	Birth Date:
City:	State, Zip:
Marital Status:	Patient Phone Number:

PART 2: HOUSEHOLD MEMBERS' INFORMATION. Provide income information for the past 12 months for all members of households. Use a separate line to indicate multiple employers. Please attach a separate piece of paper if more room is needed. See instructions for information on whom to include as a member of the household.

Household Members including Patient	Social Security Number	Date of Birth	Relation to Patient	Employer	Dates of Employment	Monthly Income

Are you (patient) unemployed? Yes / No

If unemployed:

Date Employment Ended _____ Have you applied for Unemployment Yes / No

Does someone provide support for you? Yes / No If yes, provide a letter of support written by the person(s) providing that support.

Does anyone in your household receive any of the following types of assistance? **(circle answers, provide monthly amounts if Yes)**

Medicaid: Yes / No Housing (Section 8/HUD) Yes / No

Child Support: Yes / No Amount: _____ Alimony: Yes / No Amount: _____ Food Stamps: Yes / No Amount: _____

General Relief: Yes / No Amount: _____ Workers' Compensation Benefits/Unemployment: Yes / No Amount: _____

Disability/Social Security Benefits/Pension/Retirement: Yes / No Amount: _____

Part 3: ASSET INFORMATION. Do not include your primary residence (home). Please attach a separate piece of paper if more room is needed.

Checking Acct: Yes / No Account #:	Bank Name: Location:	Balance \$
Savings Account: Yes / No Account #	Bank Name: Location:	Balance \$
Stocks, Bonds, CDs, Investments: Yes / No	Bank/Broker Name: Location:	Balance \$
Retirement Accounts: Yes / No	Type: (circle one) IRA / 401(k) / 403 (b)	Balance \$
Other:		Balance \$
Other Property (and or buildings) Yes / No Address:	Rental Income: Amount Received per year: \$	Approximate Value: \$