

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

Account #: \_\_\_\_\_



**MARYLAND STATE UNIFORM FINANCIAL APPLICATION**

Information About You IP \_\_\_ OP \_\_\_ PHP \_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: Single / Married / Separated

US Citizen: Y / N Permanent Resident: Y / N

Home Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Household Members:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you applied for Medical Assistance? Y / N

If yes, what was the date you applied? \_\_\_\_\_

If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance? Y / N

Hospital Name: Brook Lane  
 Return Address: P.O. Box 1945  
 Hagerstown, MD 21742  
 301-733-0331 ext. 1281  
 Attn: Cheryle McCarter

**I. Family Income**

List the amount of your monthly Income from all sources. You may be required to supply proof of Income, assets, and expenses. If you have no Income, please provide a letter of support from the person providing your housing and meals.

Monthly Amount (attach last 2 paystubs)

	<u>NET</u>	<u>GROSS</u>
Employment	_____	_____
Retirement/pension benefits	_____	_____
Social Security benefits	_____	_____
Public Assistance benefits	_____	_____
Disability benefits	_____	_____
Unemployment benefits	_____	_____
Veterans' benefits	_____	_____
Alimony	_____	_____
Rental Property Income	_____	_____
Strike benefits	_____	_____
Military allotment	_____	_____
Farm or self-employment	_____	_____
Other Income source	_____	_____

**NET** **GROSS**

**TOTAL:** \_\_\_\_\_

**FPL:** \_\_\_\_\_

**II. Liquid Assets**

Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____

**TOTAL** \_\_\_\_\_

**III. Other Assets**

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approx. Value _____
Automobile	Make _____	Approx. Value _____
Additional Vehicle	Make _____	Approx. Value _____
Additional Vehicle	Make _____	Approx. Value _____
	Other Property _____	Approx. Value _____

**TOTAL** \_\_\_\_\_

**IV. Monthly Expenses**

	Amount		Amount
Rent or Mortgage	_____	Car Insurance	_____
Utilities	_____	Health Insurance	_____
Car Payment	_____	other medical expenses	_____
Credit card(s)	_____	other expenses	_____
		<b>TOTAL</b>	_____

**TOTAL INCOME** \_\_\_\_\_ **TOTAL EXPENSE** \_\_\_\_\_ **DIFFERENCE** \_\_\_\_\_

Do you have any other unpaid medical bills? Y / N

If so, for what service(s)? \_\_\_\_\_

If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

