



**CLARK FORK VALLEY MEDICAL SERVICES
FINANCIAL STATEMENT**

This financial statement is designed to assist Clark Fork Valley Hospital and Family Medicine Network in determining a reasonable payment plan for services rendered to you and/or your family. Please complete each inquiry on the statement and if an item does not apply to you, please respond by writing N/A in the corresponding blank. **Please attach copies of all and any income documentation for all members of your household. The number of all members of household will need to be disclosed. If you do not have documentation you will need to write an explanation.**

Please continue to make a monthly payment towards your account until a determination can be made for assistance. Accounts not receiving a monthly payment will run the risk of further collections.

All information given is confidential and will be treated as such. If you have any questions, please contact the Financial Coordinator at 826-4859. Your cooperation is appreciated.

PATIENT ACCT #: _____ DATE: _____

PATIENT NAME: _____ SPOUSE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS (if different): _____

HOME PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ SPOUSE'S EMPLOYER: _____

OF IN HOUSEHOLD-ADULTS: _____ CHILDREN: _____

MONTHLY INCOME:\$ _____ SPOUSE'S INCOME:\$ _____

SOCIAL SECURITY:\$ _____ PENSION:\$ _____

OTHER (child support, rental income, etc.): \$ _____

TOTAL MONTHLY INCOME: _____

MONTHLY EXPENSES: RENT/MORT. PAYMENT:\$ _____ POWER:\$ _____

TELEPHONE:\$ _____ OTHER:\$ _____

	<u>TO WHOM</u>	<u>MONTHLY PMT</u>	<u>BALANCE</u>
LOANS/CHARGE ACCOUNTS:	_____	_____	_____
MEDICAL BILLS:	_____	_____	_____
OTHER	_____	_____	_____

INSURANCE EXPENSE (House/Auto/Life):\$ _____

HEALTH INSURANCE PREMIUMS (monthly): _____

AUTO EXPENSE (Gas/License): \$ _____ PROPERTY TAX: \$ _____

GROCERIES: \$ _____

CREDIT CARDS:	BALANCE	MONTHLY PAYMENT	AVAILABLE CREDIT

OTHER EXPENSES: \$ _____
(Please Itemize These) _____

ASSETS

REAL ESTATE: HOUSE: \$ _____ LOCATION: _____

LAND: \$ _____ LOCATION: _____

BALANCE OF OWING LIENS: _____

VEHICLES: YEAR _____ MAKE _____
YEAR _____ MAKE _____

RV/BOAT/TRAILER: YEAR _____ MAKE _____

CHECKING ACCOUNT	\$ _____	BANK _____
SAVINGS ACCOUNT	\$ _____	BANK _____
CERTIFICATES OF DEPOSIT	\$ _____	BANK _____
CREDIT UNION	\$ _____	BANK _____
CASH VALUE OF LIFE INS.	\$ _____	BANK _____
OTHER INVESTMENTS	\$ _____	BANK _____

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____