



APPLICATION FOR HOSPITAL CHARITY

(Answers to the following questions should reflect financial information of both the applicant and the applicant's significant other, if married, separated, or in a domestic partnership.)

Patient Account Number(s) _____

Applicant Name: _____ SSN _____ Birthdate _____

Spouse/Partner Name _____ SSN _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Family Size _____

OTHER INFORMATION

MEDICAL INSURANCE – Please provide a photocopy the patient's medical insurance cards.

Primary Insurance _____ Policy# _____

2nd Insurance _____ Policy# _____

Other Coverage _____



INCOME

PENSION, SOCIAL SECURITY, RENTAL INCOME, DIVIDENDS, INTEREST INCOME, ALIMONY, ETC. – Please list all income sources for each family member below. Proof of income must be attached. Submit last year's federal tax return. If unable to provide federal tax return, provide 3 most recent bank statements or written documentation from all income sources. Additionally, if balance represents patient liability after insurance, submit high medical cost receipts within the last 12 months.

1. Name on Check _____ Issued by _____

Amount _____ per _____

2. Name on Check _____ Issued by _____

Amount _____ per _____

3. Name on Check _____ Issued by _____

Amount _____ per _____

Check if additional income sources and list on back of form

I hereby certify that I have answered the foregoing questions to the best of my ability, without any mental reservations whatsoever, that the facts therein stated are true and I understand that any misrepresentation of this information will disqualify me for charity care at MPTF Acute Psychiatric Hospital.

I hereby authorize MPTF to communicate with responsible relatives, to secure information regarding income, to contact financial institutions for financial data, and to contact any other agency or persons regarding my financial status.

I further agree to notify MPTF of any change in my financial situation.

Signature of Applicant _____ Date _____

Signature of Spouse/Partner _____ Date _____

Return completed application and documents to MPTF

Attn: PBS Manager Mailstop 70, 23388 Mulholland Drive Woodland Hills, CA 91364