



Application for Hospital Financial Assistance/Charity Care

Motion Picture and Television Fund offers hospital bill financial assistance to qualified patients who receive medically necessary care in our Samuel Goldwyn, Jr. Center for Behavioral Health (CBH).

Patient Information

Account #			
First Name		Last Name	
Phone #		Birthdate	
Address			
Social Security #		Marital Status	

Family Household Information

Family Size: Include patient, spouse, domestic partner, dependents		
Family Income (monthly) Total: Remember: You must include proof of income with your application. Submit tax returns, paystubs, or written documentation from all income sources.		
List Your Income Sources		
Name on Check	Issued By	Check Amount

Additional Information

Annual Out of Pocket Healthcare Cost Total: Copays, deductibles, or health insurance cost for medically necessary services with the 12 months period.	\$
If you have more details about your current financial situation, please add them on a separate page and include it with this form.	

I hereby acknowledge that the above information is true and correct to the best of my knowledge. I understand that providing false information will disqualify me for financial assistance. 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.

Applicant's Signature		Date	
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For Questions call Patient Business Services at (818) 876-1076. Return completed form to:
MPTF 23388 Mulholland Drive, Woodland Hills, CA 91364
Attn: PBS Manager Mailstop 70