

Financial Assistance Application

PLEASE COMPLETE AND RETURN TO [mdavis@mmcrehab.org](mailto:mdavis@mmcrehab.org) OR FAX TO (601) 364-3312

In order for patient to be approved as a Financial Assistance, the patient or family member must arrange for a meeting with Financial Counselor prior to admission, and submit completed application and supporting documentation at that time.

Patient's Name: \_\_\_\_\_ Current Hospital: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Age and DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Person Giving information: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

1. Details of the injury or accident: \_\_\_\_\_

A. Where drugs or alcohol involved? \_\_\_\_\_

B. Was an illegal act/crime being committed at time of the injury/accident? \_\_\_\_\_

2. Annual Income \$ \_\_\_\_\_ Number of Dependents in your household that pt. is financially responsible for: \_\_\_\_\_ (Please Provide supporting documentation of your income, i.e. prior year tax return, W2, pay stub, bank statement, etc.)

3. Do you own a home? \_\_\_ Yes \_\_\_ No \_\_\_ I rent

Monthly Payments: \_\_\_\_\_

4. Do you own a vehicle? \_\_\_ Yes \_\_\_ No

Make and Year: \_\_\_\_\_

Payment Monthly: \_\_\_\_\_

5. Do you have monthly bills such as:

Electric: \$ \_\_\_\_\_

Phone: \_\_\_\_\_

Child Support: \_\_\_\_\_

6. Do you have any outstanding loans?

Company: \_\_\_\_\_

Item: \_\_\_\_\_

Payment: \_\_\_\_\_

7. Do You Have any other assets? \_\_\_ Yes \_\_\_ No----If so list \_\_\_\_\_

8. What are your discharge Plans? \_\_\_\_\_

a. Where will you live and with whom? \_\_\_\_\_

9. Do you have **good family support**? \_\_\_ Yes \_\_\_ No

10. Who will be available for **family teaching and education**: \_\_\_\_\_

11. Are you a Mississippi Resident? \_\_\_\_\_

12. Are you employed? \_\_\_ Yes \_\_\_ No

a. With whom: \_\_\_\_\_ how long? \_\_\_\_\_

b. If no, how long have you been unemployed? \_\_\_\_\_

13. Have you applied for **SSI Disability/Medicaid**: \_\_\_ Yes \_\_\_ No

a. Date applied \_\_\_\_\_

b. Appointment pending for: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_