

TRIDENT PAIN CENTER, PA
Patient Financial Application and Evaluation Worksheet
CONFIDENTIAL

Patient Name _____ Account # _____

Dependents and Income

<i>Name</i>	<i>Birth Date</i>	<i>Relationship</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Monthly Family Income

<i>Patient employment</i>	\$ _____	<i>Worker's comp</i>	\$ _____
<i>Spouse's employment</i>	\$ _____	<i>Social Security</i>	\$ _____
<i>Railroad retirement</i>	\$ _____	<i>Unemployment</i>	\$ _____
<i>Dividends, interest</i>	\$ _____	<i>Rent</i>	\$ _____
<i>Retirement income</i>	\$ _____	<i>Child support</i>	\$ _____
<i>Alimony</i>	\$ _____	<i>Public assistance</i>	\$ _____
<i>Other (specify)</i>	\$ _____	Grand Total	\$ _____

Deductions from pay (attach most recent pay stub(s) or income tax form)

<i>Fed/State Tax</i>	<i>Social Security</i>	<i>Union</i>	<i>Insurance</i>	<i>Pension</i>	<i>Other</i>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Cash on hand / money in the bank, savings, etc.	\$ _____
Stocks/bonds/securities (cash value)	\$ _____
Cash value of real estate where you live	\$ _____

Monthly Expenses

<i>Automobiles</i>	<i>Car "A"</i>	<i>Car "B"</i>	<i>Car "C"</i>
<i>Year</i>	_____	_____	_____
<i>Make</i>	_____	_____	_____
<i>Model</i>	_____	_____	_____
<i>Balance Owing</i>	\$ _____	\$ _____	\$ _____

<i>Rent/Mortgage</i>	\$ _____	<i>Utilities</i>	\$ _____
<i>Food</i>	\$ _____	<i>Transportation</i>	\$ _____
<i>Insurance</i>	\$ _____	<i>Medical</i>	\$ _____

<i>Hosp/Dr/Dentist</i>	\$ _____	<i>Name(s)</i>	_____
<i>Credit Cards</i>	\$ _____	<i>Name(s)</i>	_____
<i>Installment Debts</i>	\$ _____	<i>Creditor's Name(s)</i>	_____
<i>Other Debts</i>	\$ _____		_____

I affirm that the above information is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____