

Return to:
Bank of America Lockbox Service
Lockbox 748696
Los Angeles, CA 90074 - 8698

Financial Assistance Application



Please provide one or more of the following:
A. IRS Form W-2, Wage and Earnings Statement for all Household earnings
B. Last two pay check stubs for all household earnings
C. Prior year Tax Returns

And/Or Provide a copy of one of the following
A. Government Assistance, Social Security or Worker's Compensation
B. Unemployment compensation letter

Fin# _____
Fin# _____

Patient Name _____
Date of Birth _____ Social Security # _____
Address _____ Phone # _____
City, State, Zip _____

Family Status

List all dependents that you support - (if applicable) Please check box if there are no dependents

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Status

Employment and Occupation - (if applicable) Please check box if Unemployed

Employer _____
Position _____
If Self Employed, Name of Business _____
Employer Address _____
Phone _____ Length of Employment _____

Current Monthly Income	Patient	Spouse
Gross Pay	\$ _____	\$ _____
Total Combined Monthly Income	\$ _____	
Total Spent on medical expenses in the last 12 months	\$ _____	

By signing this application, I agree to allow Palomar Pomerado Health to contact my employer, bank and other sources, as well as request a credit history for the purpose of determining my Charity Care eligibility. I understand that if I do not qualify for services under the Charity Care guidelines that I will be personally liable for the charges of the services rendered by Palomar Pomerado Health. I understand that I am entering into a credit transaction. I authorize Palomar Pomerado and/or agent of Palomar Pomerado Health to access my personal credit profile, credit score or any other information available from a qualified credit reporting agency.

Signature Printed Name Date