



DATE \_\_\_\_\_

Completion of the Financial Assistance Application will determine if Logan Health is able to provide reduced payments based on financial need.

Patient Name	SSN (Optional)	Date of Birth
Address	City/State	Zip Code
Home Telephone	Work Telephone	Cell
Employer	Position	Date of Employment
Medical Insurance/Health Share		
E-mail		
Spouse/Significant Other Name	SSN (Optional)	Date of Birth
Employer	Position	Date of Employment
Name of Dependents(s) and DOB:		Total # of people in Household

Monthly Income:	Yourself	Spouse/Significant Other
Employment/Gross Wages		
Social Security/Pension Income		
Public Assistance		
Unemployment Benefits		
Alimony/Child Support		
Worker's Compensation		
Any other sources of Income (describe)		
<b>Total Monthly Income</b>		



Monthly Expenses: Optional

Rent or Mortgage Payment	\$
Utilities	\$
Telephone	\$
Cable	\$
Groceries	\$
Prescriptions	\$
Childcare	\$
Child Support	\$
Monthly Payment (Auto 1)	\$
Monthly Payment (Auto 2)	\$
Auto Insurance	\$
Auto Maintenance/Gasoline	\$
Health Insurance	\$
Life Insurance	\$
Other Loan payments	\$
Total Payments on Credit Cards	\$
Payments on Medical Bills	\$
	\$
	\$
	\$
<b>Total Monthly Expenses</b>	<b>\$</b>



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If you are not able to provide the information on this application please explain.

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If you have no income, please explain how you meet your daily expenses.

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Please provide any additional information about any other circumstances that you think will better help us to understand your situation.

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

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

Your signature authorizes Logan Health to verify information provided in this financial statement by obtaining a credit report and/or other financial information.

If you have any questions or are unable to provide complete information, please contact us at 406-752-1767.

Return application:  
Logan Health  
Attn: Financial Advising Dept.  
310 Sunnyview Lane  
Kalispell, MT 59901  
Financial Advisors 406-752-1767

Telephone Numbers:  
Customer Service & Statement Questions  
Please contact Patient Accounts at 406-751-6445