



**Perry Memorial Hospital**

530 Park Avenue East ~ Princeton, Illinois 61356  
815-875-2811

Thank you for choosing Perry Memorial Hospital for your healthcare needs. We realize people sometimes have trouble meeting healthcare expenses. You can complete this application for our Financial Assistance Program. Please mail it back with the items listed below.

**Even a household of 4 people with income of \$57,625 could qualify for some assistance. We can provide other examples by phone.**

**Patient Name:** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Income for you and everyone living with you.**

Please send copies of:

- Current tax return **or** Last three (3) pay stubs
- Documentation of pension, Social Security or SSI income, unemployment, or disability benefits
- Any other forms of income that your household receives.

**Denial from Illinois Department of Public Aid**

**If you have no income, please enclose a letter describing how you are meeting your day-to-day expenses.**

**Do you get Medicaid or Food Stamps(LINK)? Enclose proof.**

**Copy of checking and savings accounts for last three (3) months.**

**Other** \_\_\_\_\_

Please return to \_\_\_\_\_, Patient Account Representative no later than \_\_\_\_\_.

If you have any questions or need assistance in completing the enclosed forms, please contact me at

\_\_\_\_\_.



# Financial Assistance Application

Mail completed form to:  
 Business Office Director  
 Perry Memorial Hospital  
 530 Park Avenue East  
 Princeton, IL 61356

To be completed by the person responsible for the bill. Perry Memorial Hospital account #s \_\_\_\_\_

|  | Patient | Spouse/Partner |
|--|---------|----------------|
| Name                                     |         |                |
| Address - Street, City, State & Zip Code |         |                |
| Home Phone                               |         |                |
| Date of Birth                            |         |                |
| Employer                                 |         |                |
| Hire Date                                |         |                |
| Salary/Hourly Wage                       |         |                |
| # Hours Worked/Week                      |         |                |
| Gross Annual Wages                       |         |                |

**Other Monthly Income**

SSS/SSI: \$ \_\_\_\_\_ Unemployment: \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_  
 Pension: \$ \_\_\_\_\_  
 Alimony/Child Support: \$ \_\_\_\_\_ Investment Income and Other Income: \$ \_\_\_\_\_

Do you receive Food Stamps? Yes No \$ \_\_\_\_\_

If there is no income, how do you pay for your living expenses? \_\_\_\_\_

Total Number of Dependents? \_\_\_\_\_

|                 |                     |
|-----------------|---------------------|
| Full Name _____ | Date of Birth _____ |
| Full Name _____ | Date of Birth _____ |
| Full Name _____ | Date of Birth _____ |
| Full Name _____ | Date of Birth _____ |

Marital Status:  Single  Married  Widowed  Separated  Divorced

**ASSETS**

Checking/Accounts:

\_\_\_\_\_ Account Balance & Date: \$ \_\_\_\_\_  
 (List Name and Address of Institution)

Savings/Money Market/CD Accounts:

\_\_\_\_\_ Account Balance & Date: \$ \_\_\_\_\_  
 (List Name and Address of Institution)

Do you own your home?  Yes  No Amount owed \$ \_\_\_\_\_  
 Do you rent your home?  Yes  No If yes, monthly payment \$ \_\_\_\_\_  
 Do you own other property?  Yes  No  
 If yes, describe \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

List other assets owned including vehicles (cars, trucks, boats, trailers, etc)

\_\_\_\_\_ Amount owed \$ \_\_\_\_\_

\_\_\_\_\_ Amount owed \$ \_\_\_\_\_

\_\_\_\_\_ Amount owed \$ \_\_\_\_\_

List other outstanding medical expenses

Provider: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Provider: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I certify that everything stated in this Application and on any attachment is correct. You may keep this Application whether or not it is approved. By signing below, I authorize you to verify all information submitted. I agree to immediately supplement my Application with any changed financial circumstances.

Signature \_\_\_\_\_

Date \_\_\_\_\_