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**EASTERN RADIOLOGICAL ASSOCIATES**

2900 12th Ave North 2E

Billings, MT 59101

**REQUIRED DOCUMENTS**

**PROOF OF INCOME**

\_\_\_\_\_ Complete & current Federal Tax returns including all pages

\_\_\_\_\_ Bank Statements – last 3 MONTHS for all bank accounts (Checking/Business/Savings) All Pages

\_\_\_\_\_ Copy of award letter if you are receiving unemployment

\_\_\_\_\_ Copy of your Social Security award letter showing the monthly benefit if you are receiving it

\_\_\_\_\_ Current pay stubs for you & your spouse for the past 3 FULL months

\_\_\_\_\_ Child Support/Alimony

**If unemployed & living with family or friend**

Page 3 of the financial application must be completed showing what the monthly mortgage/rent, telephone, electric/gas and cable statements reflect. (Please DO NOT provide receipts.)

**If Applicant or spouse is self employed**

Please provide the Business ledger for the last 3 months

**NON US Residency**

Please provide a copy of your photo ID (passport, Visa, etc.)

**\*\* Please DO NOT send originals. We do not accept W-2's, summaries or State tax returns**

## Health Care Financial Assessment Form

### General Information

Patient Name \_\_\_\_\_ Account # \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_ State Issued \_\_\_\_\_

Address \_\_\_\_\_ Home or Cell # \_\_\_\_\_

\_\_\_\_\_ Work # \_\_\_\_\_

Single  Married  Divorced / Separated  Widow / Widower

Responsible Party Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_ State Issued \_\_\_\_\_

Address \_\_\_\_\_ Home Or Cell # \_\_\_\_\_

\_\_\_\_\_ Work # \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Address \_\_\_\_\_ Home or Cell # \_\_\_\_\_

\_\_\_\_\_ Work # \_\_\_\_\_

Name(s) and age(s) of dependents living with you for whom you are responsible

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXPENSES

Name of Mortgage Holder or Landlord \_\_\_\_\_

Address \_\_\_\_\_

	<u>MONTHLY PAYMENT</u>	<u>TOTAL OWED</u>
Mortgage/Rent		
Home Owner's / Renter's Insurance		
Telephone		
Electricity		
Gas		
Water		
Cable TV / Internet		
Auto Loan(s)		
Life Insurance		
Health Insurance		
Medical Bills		
Medical Bills		
Food		
Child Care		
School Expenses / Loans		
Alimony / Child Support		
Credit Card Bills		
Credit Card Bills		
Other		
Other		
<b>Monthly Total</b>		

**OTHER**

Do you receive food stamps?                     YES    NO

Do you have medical benefits?                 YES    NO

If no, have you applied for Medicaid? \_\_\_\_\_ Date Applied \_\_\_\_\_

If benefits were denied, what reason was given? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Medicaid was denied? \_\_\_\_\_

**REQUIREMENT: Copy of your last 3 months of pay stubs for you, your spouse or significant other, 3 months bank statements (that include personal/savings/business accounts and it must show your name and account number) and last year's tax returns (all pages) must be submitted with this application. We cannot accept W2 forms. We will deny applications that are incomplete.**

**Your signature is required to complete this application.**

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge. I understand that Eastern Radiological Associates requires verification of income before any determination is made. I also understand that my credit may be accessed, at no expense to me, to verify the above information.

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

# INCOME

Last year's total adjusted income (as reported to the IRS) \_\_\_\_\_

If you did not file a tax return, please explain \_\_\_\_\_

Current Employer (or last date of employment, if unemployed) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Length of Employment \_\_\_\_\_ If not employed, why? \_\_\_\_\_

Are you collecting unemployment? \_\_\_\_\_

Spouse's Current Employer (or last date of employment, if unemployed) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Occupation \_\_\_\_\_

Length of Employment \_\_\_\_\_ If not employed, why? \_\_\_\_\_

Are you collecting unemployment? \_\_\_\_\_

Expenses on a Monthly Basis	Yours	Spouse	Assets	Value
Gross pay			Current Home	
Alimony/child support			Other Property	
Social Security			Vehicles	
Unemployment / Work Comp			Stocks, Bonds, 401K Mutual Funds & Annuities	
Retirement / Pension			Savings Account 1	
Interest / Rental			Savings Account 2	
Other			Other	
Other			Other	
<b>Monthly Total</b>			Other	