



Date: _____

HEALTHCARE & COMMUNITY LIVING

FINANCIAL APPLICATION

--CONFIDENTIAL --

Name: _____ Date of Birth: _____

Hospital/Room: _____ Date: _____

Marital status: (Please check one): Married Widow Single Divorced

Income:	Applicant	Spouse
Monthly Social Security:	\$ _____	\$ _____
Monthly Pension:	\$ _____	\$ _____
Other income:	\$ _____	\$ _____

Long Term Care Insurance: (Please check one) Yes No

Family Care: Do you have Family Care or have applied for assistance from your county? (Please check one) Yes No

Real estate:

Market Value: \$ _____

Mortgage Due: \$ _____

Location: _____

Ownership: Self _____ Joint with Spouse _____ Joint with other _____

Do you have a disabled relative living in the home? (Please check one) Yes No

Bank Accounts Value: \$ _____

Ownership: (Please check one) Self Joint with Spouse Joint with other

Stocks/Bonds: \$ _____

Ownership: (Please check one) Self Joint with Spouse Joint with other

Other/Debts/Obligations: Amount: _____ What: _____

Medicare Number: _____

Insurance Information:

Insurance Company: _____ Policy Number: _____

Do you or family member or another person/institution have any of the following: (Please check one)

Power of attorney Yes No Guardianship Yes No

Conservatorship Yes No Trustee Yes No

Legal Information

Methodist Manor Health Center, Inc. reserve the right to request payment for charges not covered by Medicare, Medicaid, or supplemental insurance from applicant stated above in as having a Power of Attorney or other control over applicant assets. Personal liability of stated person(s) shall be limited to applicant assets placed by applicant in the possession of or under the control of stated person(s). "Charges" are those stated amounts which may be made by Methodist Manor Health Center, Inc., and its agents in providing applicant care and residency as defined in the Admission Agreement.

I certify the above information is true and accurate to the best of my knowledge.

Completed by: _____ Phone Number: _____

Relationship to patient: _____

Primary/Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____