

**Comprehensive Radiology Services  
5000 West 4<sup>th</sup> Street, Hattiesburg, MS 39402  
Phone: (866) 494-8260**

**Please be advised:**

**To complete your Financial Assistance Application you must provide the following financial documentation for consideration. If you cannot provide any of these documents you must give a written explanation. Please answer all questions and return to the address given above.**

- 1. Most recent tax return**
- 2. (3) month's income verification**
- 3. (3) month's bank statement**

**Thank you,  
Administrative Office**

## Financial Assistance Application

Comprehensive Radiology Services is able to consider reduced patient payments based on individual financial need. In order for us to consider your request, this Application must be completed and returned with ten (10) days. Your signature authorizes us, to obtain a credit report, and/or other financial information. Approval requires a copy of your most recent tax return and three (3) months of income verification.

Patient Signature: \_\_\_\_\_

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

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

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

Patient Name:	SSN:	DOB:
Spouse:	SSN:	DOB:
Address:	City/State:	Zip Code:
Daytime Telephone:	Message Telephone:	Work Telephone:
Employer:	Position:	Date of Employment:
Does your employer have health insurance? Yes/No		
Spouse Employer:	Position:	Date of Employment:

Number of Dependents:	Name and Age of Dependents:	Total Number in Household:
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### Monthly Income

	Patient	Spouse
Employment (Gross Wages)	\$	\$
Unemployment Income	\$	\$
Bonuses/Tips	\$	\$
Public Assistance	\$	\$
Social Security	\$	\$
Workmen's Compensation	\$	\$
Alimony/Child Support	\$	\$
Other Sources	\$	\$
<b>Total Monthly Income</b>	\$	\$

### Assets:

Cash On Hand	\$
Checking Account Balance	\$
Savings Account Balance	\$
Stocks/Bonds/IRA/401K	\$
Cash Value of Life Insurance	\$
Auto 1	
Year/Make	
Model	
Value	\$
Loan Balance	\$
Auto 1	
Year/Make	
Model	
Value	\$
Loan Balance	\$
Current Home Value	\$
Purchase Date	
Purchase Price	\$
Mortgage Loan Balance	\$
Other Property (Describe)	\$
Recreational Merchandise (Describe)	\$



Patient/Spouse Signature

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Expenses/Liability:

Balance	Monthly Payment	Account
Mortgage/Rent	\$	\$
Food	\$	\$
Utilities	\$	\$
Prescriptions	\$	\$
Other (specify)	\$	\$
Telephone	\$	\$
Insurance (specify)	\$	\$
Additional Mortgage	\$	\$
Auto Loan 1	\$	\$
Auto Loan 2	\$	\$
Personal Loan (specify)	\$	\$
Other Loan (specify)	\$	\$

Medical: (list each)

	\$	\$
	\$	\$
	\$	\$
	\$	\$