

FINANCIAL STATEMENT PROFILE



Mail to:

Maniilaq Health Center
Attn: Patient Financial Services
PO Box 43
Kotzebue, AK 99752

Name: _____ SS#: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact Phone#: _____
Employer: _____ Years Employed: _____
Are you married? Yes No Spouse's Name: _____
Number of Dependents (include yourself): _____ Ages: _____

PATIENT'S INCOME VERIFICATION

Salary: \$ _____
Is this amount: Hourly Monthly Yearly
Unemployment: \$ _____
Social Security or Disability: \$ _____
Child Support: \$ _____
Annuities/Stocks/CD's/Pensions/401K/403B/
Retirement Distributions: \$ _____
Savings Account: \$ _____
Checking Account: \$ _____
Other: \$ _____

SPOUSE'S INCOME VERIFICATION

Salary: \$ _____
Is this amount: Hourly Monthly Yearly
Unemployment: \$ _____
Social Security or Disability: \$ _____
Child Support: \$ _____
Annuities/Stocks/CD's/Pensions/401K/403B/
Retirement Distributions: \$ _____
Savings Account: \$ _____
Checking Account: \$ _____
Other: \$ _____

OTHER HOUSEHOLD INCOME

Unemployment: \$ _____ Social Security or Disability: \$ _____
Child Support: \$ _____ Savings Account: \$ _____ Checking Account: \$ _____
Other: \$ _____

MONTHLY HOUSEHOLD EXPENSES

Mortgage/Rent: \$ _____ Automobiles: \$ _____ Gas: \$ _____ Electric: \$ _____
Water/Sewer/Garbage: \$ _____ Telephone: \$ _____ Cable: \$ _____
Groceries: \$ _____ Medical/Drugs: \$ _____ Other: \$ _____

PLEASE SUBMIT THE FOLLOWING WITH THIS FORM:

Last Two Pay Stubs Bank Statements for the previous two months
 Last year's Tax Return Income Award Letter

THE PRECEDING INFORMATION IS TRUE AND ACCURATE:

Signature: _____ Date: _____

Any misrepresentation of the above information may result in the retroactive denial or reduction of financial assistance and the patient/guarantor being held liable. In addition, Maniilaq Health Center reserves the right to evaluate a patient's eligibility under the Maniilaq Financial Assistance Policy from time to time and to adjust the patient's account as necessary.