



Statement of Financial Condition

Patient Name _____
 Spouse _____
 Address _____
 Phone _____
 City, State, Zip _____
 SSN# _____

Account # _____ Patient _____ Spouse _____

Family Status: List all dependents that you support

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment and Occupation:

Employer: _____ Position: _____

Contact Person & Telephone: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

Current Monthly Income:

	Patient	Spouse
Gross Pay (before deductions)	_____	_____
Add: Income from Operating Business (Self-Employed)	_____	_____
Add: Other Income:		
Interest and Dividends	_____	_____
From Real Estate or Personal Property	_____	_____
Social Security	_____	_____
Other (specify)	_____	_____
Alimony or Support Received	_____	_____
Subtract: Alimony and/or Child Support Paid	_____	_____
Equals: Current Monthly Income	_____	_____
Total Current Monthly Income	_____	_____
(add Patient + Spouse Income above)	_____	_____
Family Size		
Total Family Members	_____	
(add patient, spouse & dependents)		

Banking Information:

Checking Account(s) _____
Savings Account(s) _____

Monthly Allowable Expense Information:

Rent/Mortgage _____
Home Owners/Rental Insurance _____
Taxes _____
Utilities _____
Food Allowance _____
Life Insurance _____
Health Insurance _____
Auto Insurance _____
Car Payment(s) _____
Gasoline _____
Pharmacy (Out of Pocket) _____
Medical Bills (Pt responsibility) _____
Other (other allowable expenses) _____
Equals: Total Monthly Expenses: _____

Total Monthly Disposable Income _____
(Subtract expenses from income)

By signing this form, I agree to allow SMMC to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand that I may be required to provide proof of the information I am providing.

Signature of Patient or Guarantor

Date

Signature of Spouse

Date

Please return form to: St. Mary Medical Center
Attn: Customer Service
1201 Langhorne/Newtown Road
Langhorne, PA 19047

Or you may fax to: 215-710-5734
St. Mary Medical Center
Attn: Customer Service