



# Door County Medical Center

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

## COMMUNITY CARE/FINANCIAL ASSISTANCE

### FINANCIAL STATEMENT

323 South 18th Avenue  
Sturgeon Bay, Wisconsin 54235-1495  
**1-920-743-5566**  
**1-800-522-8919**

<b>Demographic information</b>	Responsible Party	Date of Birth	Spouse/Other	Date of Birth	
	Address		City	State Zip	
	Time at present address ____ Years ____ Months		<input type="checkbox"/> Rent <input type="checkbox"/> Own	County	
	Telephone (      )		Number of household members	Ages of household members	
			<b>Self</b>	<b>Spouse</b>	
	Social Security number	-     -	-     -		
Employed by					
Business Address/Phone					
Occupation	Hourly Wage \$	Hourly Wage \$			
How long employed	Hours worked/wk	Hours worked/wk			
<b>Source of income</b>		<b>Monthly Gross (Before Taxes)</b>		<b>Monthly Gross (Before Taxes)</b>	
	Gross income				
	Social Security				
	Public assistance				
	Rental income				
	Retirement/pension				
	Veterans benefits	Are you a veteran or entitled to veteran's benefits? ☑ Yes ☑ No		Are you a veteran or entitled to veteran's benefits? ☑ Yes ☑ No	
	Unemp./Work. Comp.	From _____ to _____		From _____ to _____	
	Child support/foster care/alimony				
	Disability				
	Other/identify				
		<b>TOTAL</b>	\$	<b>TOTAL</b>	\$
		<b>*Combined monthly income</b>		\$	
If zero or no income, please explain how you provide for your living expenses:					
<b>Assets/savings (joint)</b>		<b>Location/Bank</b>		<b>Amount/Value</b>	
	Checking				
	Savings				
	Certificate of Deposit (CD)				
	Stocks/bonds				
Other (IRA's/Mutual Funds/401K)					

*If documentation is not enclosed, application may not be considered.*

<b>Homestead</b>	Address				Assessed value	Mortgage payment	
	Township, county			Mortgage balance	Lien holder		
<b>Motor vehicle</b>	Year	Make	Model	Value	Loan balance	Lien holder	Payment
	Year	Make	Model	Value	Loan balance	Lien holder	Payment
	Year	Make	Model	Value	Loan balance	Lien holder	Payment
<b>Recreational equipment (boats, snow-mobiles, etc.)</b>	Year	Make	Model	Value	Loan balance	Lien holder	Payment
	Year	Make	Model	Value	Loan balance	Lien holder	Payment
<b>Other property</b>	Address, township, county				Loan balance	Assessed value	Payment
	Address, township, county				Loan balance	Assessed value	Payment

Rent	Renter's/house insurance	Transportation cost	Cable TV/satellite
Phone/Cell Phone	Alimony/Maintenance	Child support	Child care
Electric	Auto insurance	Food	Other/specify
Heat	Life insurance	Property taxes	
Water & sewer	Health insurance	Medications	<b>TOTAL</b> \$

Creditor Name	Address	Balance	Monthly Payment
<b>TOTAL</b>			<b>\$</b>

<b>TOTAL</b>			<b>\$</b>

**Grand total/medical bills, other expenses and monthly expenses** \$

Have you applied for any State/County assistance program?  Yes  No Program/Where: \_\_\_\_\_

Date applied: \_\_\_\_\_ Application:  Accepted  Denied  Pending

Please comment on any other items regarding your financial situation, which you feel should be taken into consideration in the determination of your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Door County Memorial Hospital, to verify any information given on this financial statement. I attest that the above information is accurate to the best of my knowledge and truly represents my current financial status. This financial information, along with information obtained through the verification process, may be shared with the physicians providing my care for sole purpose of determining if physician services would be provided at a discounted rate. I understand that physicians are private contractors and their charges might not be part of this Community Care Program.

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