

St. Lawrence Health System

Canton-Potsdam Hospital

50 Leroy Street | Potsdam, NY 13676

Financial Assistance Application

<i>Office Use Only:</i>
Patient Account Number:

Date of Application:	
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Patient Information

Patient Name	
Patient Date of Birth	
Guarantor Name	
Address	
Home Phone	
Cell Phone	

Employer Information

Name	
Address	
Phone	

Spouse Information

Name	
Employer	

Household Members Information

Name	Relationship	Date of Birth
1.	self	
2.		
3.		
4.		
5.		
6.		
7.		

Monthly Household Income

Source	Self	Spouse	Other	Total
Employment (wages)				
Self-employment income				
Social Security/Disability				
Unemployment/Workers' Compensation				
Pension				
Dividends/Interest income/Rental income				
Other income - List below				
Total monthly gross income				

Please answer the following questions:

	Yes	No	If Yes, please explain:
Is medical treatment because of a car accident or other third party injury?			
Is medical treatment because of a work related accident or injury?			

Yes No

Are you applying for Medicaid?		
Have you been approved for Medicaid?		

Documentation Required:

Identification (one of the following)	Proof of Residence (one of the following)
1. Driver's License	1. Mortgage payment book
2. United States Passport or Foreign Passport	2. NYS Housing book/rent receipt
3. Alien Registration card/Work Authorization card	3. Electric bill, gas bill or telephone bill
4. Photo ID	4. Current mail

Income (as many as applicable)	
1. If employed weekly, last 4 pay stubs. Bi-weekly, last 2 pay stubs	5. Last Pension check
2. Last unemployment check/Workers' Compensation/NY State Disability check	6. If you get direct deposit of any funds, you may supply a copy of your checking account showing recurring payment deposit as proof of income
3. Last Social Security/SSI check	7. Other income
4. If self-employed, prior year income tax return	

I certify that the information provided above is correct to the best of my knowledge.

Signature of Applicant	
Date	
Signature of Parent/Guardian	
Date	