



Заявление на получение финансовой помощи в Baylor Scott & White Health (BSWH)

Patient Account Number

Full patient information form including name, address, date of birth, phone numbers, marital status, and employment details.

**Если пациент не работает, укажите имя и номер телефона предыдущего работодателя. **

Section A: Income. Form for reporting household income for patient and spouse, including full-time and part-time earnings and additional income.

Section B: Income Verification. Form for providing supporting documents for income sources, including tax forms, pay stubs, and government benefits.

Section C: Household Size. Form for indicating the total number of household members, including patient, spouse, and dependents.

Section D: Assets and Other Resources. Form for reporting any assets, savings, investments, or other resources owned by the patient.

Declaration statement: I understand that by accepting this application for financial assistance, I authorize BSWH to verify my information and request my credit history.

Signature lines for patient/responsible party, full name, and date.

For Hospital Use Only section, including checkboxes for application type, electronic signature, and notes regarding income verification.