



**DESOTO MEMORIAL HOSPITAL
FINANCIAL INFORMATION
WORKSHEET**

Account # _____

DeSoto Memorial Hospital
PO Box 2177
Arcadia, FL 34265
(863)494-3535 Fax: (863)491-4328

Date of Service: _____

Patient's Name: _____	Birth Date: _____	Social Security #: _____
Street Address: _____	Home Phone #: _____	Cell Phone#: _____
City: _____	State: _____	Zip Code: _____
Employment Info: _____		Date of Hire: _____
County of Residence: _____	State of Residence: _____	Length of Residence: _____

Guarantor's Name: _____	Birth Date: _____	Social Security #: _____
Street Address: _____	Home Phone #: _____	Cell Phone#: _____
City: _____	State: _____	Zip Code: _____
Employment Info: _____		Date of Hire: _____
Number of Dependents in household: _____		

MONTHLY INCOME:

Wages: Gross \$ _____	Net: \$ _____	Social Security \$ _____
Self-Employed/Business Income: \$ _____	Other _____	\$ _____
Worker's Comp/Unemployment \$ _____	Other _____	\$ _____
Child Support/Alimony \$ _____	<u>TOTAL INCOME:</u>	\$ _____

Attach copies of last year's tax returns and current pay stubs for one (1) month's earnings and most recent bank statements for all members of household.

BANKING INFORMATION:

Bank Name: _____ Address: _____

Checking Account # _____ Account Balance: \$ _____

Savings Account # _____ Account Balance: \$ _____

Other Financial Assets (i.e.: Stocks, Bonds, Interest Income, Etc) _____ \$ _____

I understand that in accordance with Florida Statutes 817.50, providing false information to defraud a hospital for the purposes of obtaining goods or services is a misdemeanor in the second degree. Further, the undersigned hereby consents to hospital's inquiries into his/her credit history in conformity with the legitimate business needs and applicable laws, rules and regulations. In the event that assets or a payment becomes available, DeSoto Memorial Hospital reserves the right to reverse the original adjustment. I hereby certify the above information to be true and correct.

PATIENT OR GUARANTOR SIGNATURE DATE WITNESS SIGNATURE DATE