

YOAKUM COMMUNITY HOSPITAL

Financial Information Form

Print Patient Name _____

Account No. or Social Security No. _____

Address: _____

Phone: _____

Instructions: All questions must be answered. If a question does not pertain, write N/A on the line. Attach a photocopy of one or two of the following proofs of income to the completed form:

1. Last year's tax return statement
2. Last 2 paycheck stubs/4 paid weekly
3. Social Security check or award letter
4. Unemployment or Food Stamp award letter
5. Letter from employer - (to include employee name, hourly wage, number of hours worked)
6. Spouse proof of income- last two paycheck stubs/4 if paid weekly.
7. Bank Statement of Checking /Savings or both

Citizenship (check one): US Citizen Non-US Citizen

Marital Status (check one): Married Single Divorced Separated Widow

Names of Dependents (legal deductions on your tax return) _____ Number in household _____

Name: _____	Relationship: _____	Date of Birth: _____
Name: _____	Relationship: _____	Date of Birth: _____
Name: _____	Relationship: _____	Date of Birth: _____
Name: _____	Relationship: _____	Date of Birth: _____
Name: _____	Relationship: _____	Date of Birth: _____
Name: _____	Relationship: _____	Date of Birth: _____

Housing (check one): Own Rent Paid House /Rent Payment \$ _____ /month
Live with family or friends: Pay them monthly: _____

Utilities Electricity \$ _____ /month Gas \$ _____ /month Water \$ _____ /month

Automobiles Own (How many?) _____ Lease (How many?) _____ Car Payment(s): \$ _____ /month
Year _____ Make _____ Model _____

Bank Accounts/Other Assets (must answer all three questions) Must provide bank statements

Checking Account? Yes No \$ _____ Savings Account? Yes No \$ _____

Additional Assets? (Circle one) Yes No Describe: _____

Employment -PATIENT- Name of Employer: _____

Employment - SPOUSE/GUARANTOR - Name of Employer: _____

Patient	<input type="checkbox"/>	Employed Full Time	Spouse/Guarantor	<input type="checkbox"/>	Employed Full Time
	<input type="checkbox"/>	Employed Part Time		<input type="checkbox"/>	Employed Part Time
	<input type="checkbox"/>	Not Employed		<input type="checkbox"/>	Not Employed

Other Support	Alimony	\$ _____ per month	Child Support	\$ _____ per month
	Trust Fund	\$ _____ per month	Survivors Benefit	\$ _____ per month
	Unemployment	\$ _____ per month	Workman's Comp	\$ _____ per month

Total Family Income \$ _____ per month (Award requires proof of income with application)

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Insurance

Did you file an income tax return last year? _____

Do you have insurance? _____ Will you be getting any insurance in near future? _____

SSI Disability

Applied for SSI or applying?: _____ When: _____ Decision: _____

Medicaid

Applying for Medicaid? _____ When: _____ Decision: _____

Work History

Are you currently working? Yes _____ No _____

If no, when was the last time you worked? _____ / _____ / _____

Are you actively looking for work? Yes _____ No _____

If no, do you have a medical condition that keeps you from working? Yes _____ No _____

Describe reason for not working: _____

I hereby declare that the above information is true and correct. If the information supplied is inaccurate or incomplete or the patient's family income exceeds the charity guidelines, I understand that I will be responsible for payment of the entire balance of the bill. I understand this determination is conditional and does not apply to third party claims such as lawsuits, settlements, hospital liens, or any other third party payment or liability. Baptist Hospitals of Southeast Texas retains its rights to recover the full balance of my bill from any third party resource to the fullest extent allowed by law. If my (our) case is selected for Indigent Care classification, I (we) give my (our) consent to the Baptist Hospitals of Southeast Texas to obtain information from any source to verify the statements I (we) have made.

Patient/Guarantor Signature

Date

NO BANK ACCOUNT

I, _____ state that I do not have a Checking or Savings Account or any other type of interest bearing account or financial instrument in any financial institution.

I understand falsification of any information may result in immediate disqualification from the program.

Signature: _____ Date: _____

Address: _____ Apt. # _____

City: _____ Texas Zip Code: _____

Phone: _____

If you have a Checking Account, Savings Account or both; you will need to provide bank statement on each account you have.

LETTER OF SUPPORT
(From Person who pays household expenses)

To Whom It May Concern:

I, _____ pay for the following items.

Please list of amounts of what you pay.

_____ Car pmt.

_____ Utilities.

_____ Rent.

_____ Other.

_____ Food.

Please attach Household Income. From person who is receiving monthly income.

Sincerely,

_____ Phone: _____

Date: _____

Relationship to Patient: _____

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. _____

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	