

Patient Name:		DOB:		Da	ite:	
Permanent Address:		City:		ZII	D:	
State:		Hm Phone:		W	k Phone:	
Mailing Address if Different:						
Address:		City:	- <u></u>			
State:		ZIP:				
Employer Name:		Employer Ph	n:			
Employer Address:		_				
1 Have you applied for financial aid or completed this form in the last 90 days?		Yes	□No			
2 Do you currently have any type of health insurance?		Yes	□No			
3 Was your provider visit a result of an accident at work?		Yes	□No			
4 Was your provider visit a result of an auto accident?		Yes	□No			
If you answered YES to ANY	of the questions above, STOP. Contact the Busines	s Office of the	Baptist fa	cility where services we	re received to disc	uss your account.
adoption. Include the relationship	st the patient and all family members living in the same ip and age of all family members. Then, list the amount isation, social security, retirement, disability benefits, pu	t and source of	each perso	on's income. Income includ	des gross (pre-tax) v	wages, rental
Family Member (Name)	Relationship to Patient		Age	Source of Income or Employer Name	Last Three Months Pay Stubs	Income for 12 Months Tax Return
Total Family Members				Total Income		
Your application cannot be processed unless you provide one of the following documents to support each source of income listed above. Pay stubs for the last three months W2 Form for the previous year Legal documents/Child Support Income Tax return for the previous year Federal & State Assistance Documents Pension/retirement statements Please return this application and the requested information to the Business Office of the Baptist facility where services were received. I certify that the information provided is true and accurate to the best of my knowledge.						Bank Statements (for SSA/Retirement deposits only)
Signature of Patient, or Person Authorized to Sign for Patient Relationship to Patient						
Date Place of Service			Hospital or			Physician
FOR PROVIDER USE ONLY						
Account Number	unt Number Date of Service					
BMHCC Provider		_				

△ BAPTIST

▼ Patient Label ▼

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