



UNION GENERAL UROLOGY

AFFILIATE OF: UNION GENERAL HOSPITAL, INC.

FINANCIAL STATEMENT PAYMENT PLAN/UNCOMPENSATED SERVICES APPLICATION

Please Print clearly in Black/Blue ink.

PATIENT INFORMATION				
Name:	_____	_____	_____	_____
	First	Middle	Last	
Address:	_____	City: _____	State: _____	Zip Code: _____
Date of Birth:	____/____/____	Sex: M / F	Social Security #: _____	Marital Status: _____
Home:	(____)____-____	Disabled / Employed / Other / Retired / Student Work: (____)____-____		
	_____	_____	_____	_____
	(Occupation)	(Employer)		
Address:	_____	City: _____	State: _____	Zip Code: _____
If unemployed, how long?	_____	Number of family members (living in household): _____		

SPOUSE INFORMATION				
Name:	_____	_____	_____	_____
	First	Middle	Last	
Address:	_____	City: _____	State: _____	Zip Code: _____
Date of Birth:	____/____/____	Sex: M / F	Social Security #: _____	Marital Status: _____
Home:	(____)____-____	Disabled / Employed / Other / Retired / Student Work: (____)____-____		
	_____	_____	_____	_____
	(Occupation)	(Employer)		
Address:	_____	City: _____	State: _____	Zip Code: _____
If unemployed, how long?	_____	Number of family members (living in household): _____		

MONTHLY FAMILY INCOME & SOURCE				
	Patient	Spouse	Responsible Party	Children Working
Monthly Salary (Gross)				
Public Assistance Benefits				
Social Security Benefits				
Workman's Compensation				
Child Support				
Other				

Total Family Income: \$ _____

SEE OTHER SIDE

CERTIFICATION

- I understand that my signature below on this application indicates my agreement to the following: I certify and attest that the information contained in this application is true and correct and authorize Ziyad H. Mugharbil, MD, PA, and its authorized agents to obtain verification; to include a copy of my credit report to determine my eligibility for financial hardship benefits.

Applicant's Signature

____/____/____
Date

Spouse's Signature

____/____/____
Date

Office Use Only

Approved / Disapproved Signature: _____

Date: ____/____/____

ZHM: _____

*****SEE OTHER SIDE*****