Sutter Gould
Medical Foundation

STATEMENT OF FINANCIAL CONDITION

PATIENT NAME_______________________________ SPOUSE_______________________________
ADDRESS_______________________________ PHONE_______________________________
ACCOUNT #_______________________________ SSN________________ ________________
(PATIENT) (SPOUSE)

FAMILY STATUS: List all dependents that you support.

Name	Age	Relationship

EMPLOYMENT AND OCCUPATION

Employer:_______________________________Position:_______________________________
Contact person and telephone:_______________________________
If self-employed, Name of Business:_______________________________
Spouse Employer:_______________________________Position:_______________________________
Contact person and telephone:_______________________________
If self-employed, Name of Business:_______________________________

CURRENT MONTHLY INCOME		Patient	Spouse
	Gross Pay (before deductions)	________	________
Add:	Income from Operating Business (if Self-Employed)	________	________
Add:	Other Income		
	Interest and Dividends	________	________
	From Real Estate or Personal Property	________	________
	Social Security	________	________
	Other (specify): ________________	________	________
	Alimony or Support Payments Received	________	________
Subtract:	Alimony, Support Payments Paid	________	________
Equals:	Current Monthly Income	________	________
	Total Current Monthly Income (add Patient+ Spouse Income from above)	________________	

FAMILY SIZE

Total Family Members ________
(add patient, spouse and dependents from above)

By signing this form, I agree to allow Sutter Health to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand that I may be required to provide proof of the information I am providing.

_______________________________ ________________
(Signature of Patient or Guarantor) (Date)

_______________________________ ________________
(Signature of Spouse) (Date)

Mail completed form and attachments to:
Sutter Gould Medical Foundation
PO Box 255468
Sacramento, CA 95865-5468
or fax to:
(916) 854-6961

GN0212 (03/16/09)