



## FINANCIAL ASSISTANCE CHECKLIST

- Complete and sign the attached **Patient Financial Statement** form.
  
- Attach a copy of the last 2 years of **Federal Income Tax Returns**. Include all schedules and pages. Applications that exclude tax documents will be void. If you need a copy of your tax return, you can call the Internal Revenue Service (IRS) at 1-800-829-1040. Thresholds based on U.S. Federal Guidelines to determine Financial Eligibility.
  
- Attach a copy of the most recent **pay check stub** for all members of your household. Approvals
  
- Send all information to:

**HALO-Flight, Inc**  
1843 FM 665  
Corpus Christi, TX 78415  
Attention: Financial Assistance

# PATIENT/GUARANTOR FINANCIAL STATEMENT

**Patient Information**

Guarantor/Responsible Party Name (full legal name)	
Patient Name (if other than responsible party)	Patient Account Number
Address (city, state, zip code)	Phone Number
Spouse Name	Phone Number

**Employer Information**

<input type="checkbox"/> Guarantor <input type="checkbox"/> Patient <input type="checkbox"/> Spouse	<input type="checkbox"/> Guarantor <input type="checkbox"/> Patient <input type="checkbox"/> Spouse
Employer:	Employer:
Address	Address
Phone #	Phone #
Job Title	Job Title
Length of Employment	Length of Employment

**Members of Household:** Please refer to cover letter to determine members of household.

Name	Date of Birth	Relationship to Patient

# PATIENT/GUARANTOR FINANCIAL STATEMENT

**Income:** Please refer to cover letter to determine income.

Source of Income	Household Member	Amount Received	W-Weekly B-Biweekly M- Monthly A-Annually

**Banking and Investments:** Include all bank accounts, savings accounts, retirement accounts (IRA, Pension Fund, 401k, 403b, etc), money markets, mutual funds, etc.

Banking/Investments	Amount	Comments

**Other Assets:** Includes real or personal property EXCEPT patient home (primary residence) and personal vehicles. Examples of assets to include are rental property, vacant lots, farm acreage, business property, vacation property, boats, motor homes, all terrain vehicles, etc.

Property	Estimated Value	Amount Owed on Property	Net Value

Please explain why you are requesting financial assistance. If you are not able to provide requested documentation, please explain why.

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# PATIENT/GUARANTOR FINANCIAL STATEMENT

If your income/lifestyle has changed, please explain and provide documentation (i.e. loss of job, death in the family, divorce, extraordinary medical bills or other expenses, etc.)

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This Patient Financial Statement should be signed and dated by all applicable parties in order to process your application.

I represent that the information provided is true and accurate to the best of my knowledge. HALO-Flight, Inc is hereby authorized to obtain a credit report in connection with the social security number which I, as payor and signer of this form, certify to be my legally assigned individual social security number.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Social Security Number

Date: \_\_\_\_\_

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