

Asset Questionnaire

Does the household member have any:	Circle Yes or No	Amount	Household Member
CHECKING ACCOUNTS	Yes / No	\$	
	Yes / No	\$	
	Yes / No	\$	
SAVINGS ACCOUNTS	Yes / No	\$	
	Yes / No	\$	
	Yes / No	\$	
CERTIFICATE OF DEPOSITS	Yes / No	\$	
MONEY MARKET FUNDS	Yes / No	\$	
STOCKS/BONDS/TREASURY BILLS	Yes / No	\$	
TRUST ACCOUNTS	Yes / No	\$	
IF YES, IS IT IRREVOCABLE?	Yes / No	\$	
CASH HELD IN SAFETY DEPOSIT BOXES	Yes / No	\$	
ANY OTHER LIQUID ASSETS	Yes / No	\$	
OTHER INVESTMENTS	Yes / No	\$	

Have you received any lump sum payments such as the following:	Circle Yes or No	Amount	Household Member
INHERITANCES	Yes / No	\$	
LOTTERY OR OTHER WINNINGS	Yes / No	\$	
INSURANCE SETTLEMENTS	Yes / No	\$	
WORKERS COMPENSATION SETTLEMENTS	Yes / No	\$	
SS DISABILITY SETTLEMENTS	Yes / No	\$	
VA DISABILITY SETTLEMENTS	Yes / No	\$	
SEVERANCE PAY	Yes / No	\$	
CAPITOL GAINS	Yes / No	\$	
OTHER	Yes / No	\$	

***This form is required to process your application for financial assistance with Spartanburg Regional Healthcare System. Please provide the most recent month's financial document to support any assets listed above.**

By signing, I certify that the information given in this application is true and complete to the best of my knowledge; and I hereby authorize the release of any information required to determine my eligibility for the SRHS patient Financial Assistance Program.

Applicant's Signature:

Date:

SRHS Patient Financial Assistance Program
Patient Financial Services
101 East Wood Street
Spartanburg, SC 29303

If you need assistance, please call Customer Service at 864-596-1001