

CN•MRI FINANCIAL AID APPLICATION

Dear Patient,

Your application for the CN•MRI Financial Assistance Program is attached. Please note account balances of \$200 and greater are eligible for consideration, please complete the following items:

Step 1 Complete all pages of the Financial Application form.

Step 2 Get proof of your income. We require proof of income for a (4) week period ending with the date of your application. This must include income for all dependent members of the family. You may use a payroll check stub, a letter from your employer, a copy of your monthly check you may receive from the government (for example: alimony or child support). We will also need copies of your bank statement for the last (3) months and last years Federal Tax return.

Step 3 When steps 1 & 2 are completed you can either mail the application or call to set up an appointment to have your application reviewed by our Finance Manager:

**CN•MRI
Ms. Sandy Clough
1074 South State Street
Dover, DE 19901**

302-678-8100 ext. 130

In order for your application to be considered it must be completed, dated, signed and returned to the practice office within 30 days of your receipt of this form.

CN•MRI FINANCIAL AID APPLICATION

Date _____

Patient Name _____ SS # _____ Date of Birth _____

Home Address _____ Phone _____

Patient's Employer _____ Phone _____

Employer's Address _____

Occupation _____ How Long Employed _____

Responsible Party Name _____ SS# _____ Date of Birth _____

Responsible Party Address _____ Phone _____

Spouse's Name _____ SS# _____ Date of Birth _____

Spouse's Employer _____ Phone _____

Spouse's Employer Address _____

Occupation _____ How Long Employed _____

FINANCIAL INFORMATION

Total Monthly Gross Income _____ Total Monthly Net Income _____

All Other Income _____ (Spouse employment, Alimony, Child Support, etc.)

Number of Dependents _____ (under 18 or 21 if full time student)

Name(s) of Dependents _____

Bank Name _____ City _____ State _____

Own Home _____ Buying _____ Approx. Value _____ Rent _____ How Long _____

Other Property Owned _____ Approximate Value _____

Mortgage Holder/Landlord's Name & Address _____

Auto #1 Make _____ Year _____ Financed By _____

Auto #2 Make _____ Year _____ Financed By _____

of Recreational Vehicles Owned _____ Type(Boat, Motorcycle, Camper) _____

List all debts owed in excess of \$200, excluding CN•MRI's debt

To Whom Indebted Name of Company	Type of Acct.	Current Balance	Account Number	Monthly Payment
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Mortgage _____

Auto # 1 _____

Auto #2 _____

Credit Cards _____

Banks _____

Finance Co. _____

Etc. _____

Medical _____

Bills _____

Other _____

MONTHLY HOUSEHOLD EXPENSES

Food _____ Elec. _____ Gas _____ Sanitation _____ Phone _____

Water _____ Cable _____ Childcare _____ Auto Insurance _____

Credit Investigation Authorization

I hereby authorize CN•MRI or it's agent to investigate any references, statements, or other data made by me or any other person pertaining to my credit and financial responsibility. I affirm that the information given on this Financial Application Form is true and correct.

Signature

Date

OFFICE USE ONLY

Date Application Received: _____ Eligible Charges _____

Reviewed by: _____ Date: _____

Comments: