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### PERSONAL FINANCIAL STATEMENT

Complete fully and  
return by \_\_\_\_\_

\_\_\_\_\_ Account #  
\_\_\_\_\_

Balance

GUARANTOR NAME _____	AGE _____	SS# _____
SPOUSE NAME _____	AGE _____	SS# _____
CHILDREN NAME (must be 18 years or younger or full-time student) _____		
_____		
Address: _____		Phone # _____
_____		
_____		

GUARANTOR'S EMPLOYER: _____	JOB POSITION: _____	NET MONTHLY INCOME: _____
SPOUSE'S EMPLOYER: _____	JOB POSITION: _____	NET MONTHLY INCOME: _____
EMPLOYER'S PHONE # _____	OTHER INCOME (Soc. Sec., Child Support, Unemployed, etc.) _____	

#### PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM.

This form is a tool used by Glacier Ear Nose and Throat to determine if you are eligible for either full or partial charity or if you are eligible for a reduction in the monthly payment.

<ul style="list-style-type: none"><li><input type="checkbox"/> PLEASE COMPLETE THIS FORM</li> <li><input type="checkbox"/> ATTACH A COPY OF YOUR <b>COMPLETED</b> TAX RETURN WITH ALL <b>APPLICABLE SCHEDULES</b> (i.e. Schedule C if Self-Employed)(Failure to provide schedule will result in a delay in processing this form)</li> <li><input type="checkbox"/> APPLY FOR SOCIAL SECURITY DISABILITY AND/OR SUPPLEMENT SECURITY INCOME APPOINTMENT DATE _____</li> <li><input type="checkbox"/> APPLY FOR MEDICAID APPOINTMENT DATE _____</li></ul> <p><b>IF YOU WERE DENIED FOR ASSISTANCE FROM MEDICAID, SOCIAL SECURITY DISABILITY, OR SUPPLEMENT SECURITY INCOME, PLEASE PROVIDE A COPY OF THE DENIAL</b></p>	<h4 style="text-align: center;">AUTHORIZATION TO RELEASE INFORMATION</h4> <p>I do hereby authorize a representative of Glacier Ear Nose and Throat to verify personal, financial or medical information from any source deemed necessary in assisting me to gain reduced payments on my account. In so authorizing, I hereby release any person or persons or business from any or all liability connected with said release.</p> <p>Date signed _____</p>  <hr/> <p>Signature</p>
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## Monthly Cost of Living

House: \$	Circle	Own	Buying	Renting	From whom:
Payment or Rent per Month: \$					If Buying, Contract Balance: \$
					Amount past due
Utilities	\$				
Phone (land line/cellphone)	\$				
TV (Cable/Satellite) and Internet	\$				
Car maintenance (Gas, Oil, Tires)	\$				
Groceries	\$				
Pharmacy	\$				
Clothing	\$				
Child Care	\$				
Car Ins. Premium	\$				
Health Ins.	\$				
Life Ins.	\$				
Entertainment	\$				
Tools for Work	\$				
<b>Total</b>	\$				
Other Miscellaneous					
Property Taxes		Part of house payment?		Amount past due	
\$		Circle	Yes	No	

## Creditor Information

Name All Creditors	Creditor's Address	Monthly Payment	Balance	Amount Past Due
Credit Cards & Charge Acct's				
Installment Loans (Vehicle payments, Student Loans, etc.)				
Medical Bills				
Other				

## Financial Assets

### Banking

Name of Bank/Institution	Type of Account and Account #	Balance

### Assets

Vehicle/Boat/Recreation Vehicle	Make	Year
Real Estate holdings	Address	Property Value

## Unemployed Person Supplement

1. Are you looking for work? Describe your efforts.
  
2. When do you expect to be employed?
  
3. If you are not currently looking for work, please explain. When do you expect to look for work?
  
4. Does someone provide you with housing, food, clothing, or cash? If so, please list their names, relation, address and phone number.
  
5. If you have no income and are not receiving help from friends or relatives, please explain?
  - a. How do you pay rent?
  
  - b. How do you buy food?
  
  - c. What do you do for cash?

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date