

**CONFIDENTIAL**



## **Financial Assistance Program**

### **Information for Applicants**

Sunrise Haven invites applications for financial assistance to help pay for Christian Science nursing care in the facility. However, it is expected that patients will pay for Christian Science nursing services to whatever extent they are able. Financial assistance is intended primarily to those requiring Christian Science nursing, though some assistance for those needing Christian Science care may be available.

Financial assistance is provided on a temporary basis and is subject to periodic review.

The financial information provided in this application is confidential and made known only to the Financial Assistance Committee.

# Sunrise Haven

## Application for Financial Assistance

Patient Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Name and address of person filling out this application, if different

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

1. How much financial assistance *per day* are you requesting? \$ .....
2. How much can you (the patient) pay per day toward the Sunrise charges? \$ .....
3. How much can the family pay per day toward the Sunrise charges? \$ .....
4. How much, if any, will insurance pay per day toward the Sunrise fee? \$ .....
5. If you are a member of a branch church and/or students' association of an authorized Christian Science teacher, have you applied to either or both for financial assistance?  
Branch Church: Yes \_\_\_ No \_\_\_ Students' Association: Yes \_\_\_ No \_\_\_

Please give details \_\_\_\_\_

### 6. Current Assets of Patient:

Cash (approximate amount in checking and savings accounts) \$ .....

Stocks/Bonds (recent market value) \$ .....

Home/Condo (estimated market value) \$ .....

Auto(s) (estimated resale value) \$ .....

Boat(s) (estimated resale value) \$ .....

Other real estate (estimated market value) \$ .....

Other major assets (insurance, etc.) \_\_\_\_\_ \$ .....

\_\_\_\_\_ \$ .....

**Total** \$ .....

### 7. Current Liabilities:

Mortgages (home and/or other) \$ .....

Loans (due date and with whom) \$ .....

\_\_\_\_\_ \$ .....

\_\_\_\_\_ \$ .....

\_\_\_\_\_ \$ .....

Unpaid current bills and other: \$ .....

\_\_\_\_\_ \$ .....

**Total** \$ .....

### 8. Please list typical monthly income:

Salary: Employer \_\_\_\_\_ \$ .....

Social Security \_\_\_\_\_ \$ .....

Annuities \_\_\_\_\_ \$ .....

Investment income/interest earnings \_\_\_\_\_ \$ .....

Rental properties \_\_\_\_\_ \$ .....

Real estate contracts	\$ .....
Other (please list) _____	\$ .....
_____	\$ .....
<b>Total</b>	<b>\$ .....</b>

9. Please estimate typical monthly expenses:

House/apartment	\$ .....
Groceries	\$ .....
Clothing	\$ .....
Utilities (electricity, gas, water, garbage, etc.)	\$ .....
Insurance payments	\$ .....
Auto loan	\$ .....
Auto gas/oil/etc.	\$ .....
Other _____	\$ .....
_____	\$ .....
_____	\$ .....
_____	\$ .....
<b>Total</b>	<b>\$ .....</b>

10. Have you made a previous request for financial assistance at Sunrise Haven? Yes \_\_\_ No \_\_\_  
 If yes, when? \_\_\_\_\_

11. Are you a member of The Mother Church? Yes \_\_\_ No \_\_\_

12. List the church offices/committees you have served on:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Add any other information you feel the Financial Assistance Committee should consider when reviewing this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient/POA Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Do not write in this space: for Financial Assistance Committee use only**

Patient Name \_\_\_\_\_ Case # \_\_\_\_\_

Patient was admitted to Sunrise on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare coverage? Yes \_\_\_ No \_\_\_

Current balance due (approximate) \$ .....

Daily Charge \$ .....

Committee Decision:

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Date \_\_\_\_\_

Committee Member (s)

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Revised 8/2011