

MONTHLY INCOME AND EXPENSES

Gross Pay	Rent/Mortgage	
Interest Income	Property Taxes	
Rental Income	Insurance: Homeowners/Renters	
Alimony	Automobile	
Child Support	Health	
Social Security	Life	
Pension	Utilities	
General Assistance	Groceries	
Unemployment	Gasoline for Automobile	
State/Federal Assistance	Medical	
Contributions from others	Alimony/Child Support	
Other Income (in detail)	Installment Payments Creditor Balance Owed	Monthly Payment
	Credit Card Payments Creditor Balance Owed	Monthly Payment
TOTAL INCOME	TOTAL EXPENSES	

- √ SEND TWO OF YOUR MOST RECENT PAY STUBS OR PROOF OF UNEMPLOYMENT.
- √ INCLUDE COPIES OF ASSISTANCE PAPERS AND/OR LAST YEAR'S TAX RETURN.

I hereby affirm that the above information is correct to the best of my knowledge. I authorize Sparrow Health System to verify any information for completeness and accuracy. I further authorize such information to be available for release to Sparrow Health System. I understand that as a charitable organization, Sparrow Health System may provide me with discounted or free care. I further understand that if I choose to accept this care and later file a civil action (which includes for purposes of this Policy any administrative, arbitration or similar proceeding) for monetary damages against Sparrow Health System or any of its affiliates for any reason related to this care, any monetary settlement or judgement I receive shall be reduced by the charges associated with the care that I was not required to pay for at the time I received the care.

Patient or Responsible Party Signature

Date

APPROVED

DENIED

APPROVAL SIGNATURE

REASON FOR DENIAL: