

Financial Information

Insurance Information

Medicare # _____ Effective Date _____

Medicare Part B: Y___ N___ Social Security # _____

Medicare Part D: Y___ N___ Insurer _____

Medicaid # _____ County _____ Social Worker _____

Other Insurance Name _____

Address _____

Group # _____ Group Name: _____

Policy # _____

Other Insurance Name _____

Address _____

Other Insurance Name _____

Address _____

Group # _____ Group Name: _____

Policy # _____

Long Term Care Insurance _____

Address _____

Group # _____ Group Name: _____

Policy # _____

Bank Accounts

Bank Name _____ **Checking Balance \$** _____ **Savings \$** _____

Name(s) on accounts _____

Authorized Signatures on account _____

Bank Name _____ **Checking Balance \$** _____ **Savings \$** _____

Name(s) on accounts _____

Authorized Signatures on account _____

Bank Name _____ **Checking Balance \$** _____ **Savings \$** _____

Name(s) on accounts _____

Authorized Signatures on account _____

Assets

Real Estate

Location of Property _____

Current Value _____ Mortgage Holder _____ Balance Owed _____

Titleholder _____

Location of Property _____

Current Value _____ Mortgage Holder _____ Balance Owed _____

Titleholder _____

Investments

Stocks _____ Value _____

Bonds _____ Value _____

Stocks _____ Value _____

Other _____ Value _____

Life Insurance _____ Cash Value _____

Other Assets _____ Value _____

Income-Per Month

Social Security _____ Pension _____

Veterans Benefits _____ Retirement Funds _____

Other _____

Outstanding Debts

Please List _____ Value _____

Please List _____ Value _____

Please List _____ Value _____

Please List _____ Value _____

Person Managing Applicant's Funds

Name _____ Relationship _____

Address _____
Street # Apt # City State Zip Code

Home Phone () - Work Phone () -

Power of Attorney Y N Name _____

(Please provide a copy of the Power of Attorney document)

Name _____ Relationship _____

Address _____
Street # Apt # City State Zip Code

Home Phone () - Work Phone () -

Executor of Estate

Name _____ Relationship _____

Address _____
Street # Apt # City State Zip Code

Home Phone () - Work Phone () -

Attorney Name _____ Phone _____

Address _____
Street # Apt # City State Zip Code

According to the best of my knowledge and belief, the above information is accurate and true in all respects.

Date

Signature of Applicant

Date

Signature of Designated Representative

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