

Oregon Lung Specialists, LLC Hardship Application

SECTION A

Patient Name as it Appears on the Bill _____

Guarantor if Different than Patient _____

Home Address

Street _____ City _____ State _____ Zip Code _____

Mailing Address

(If different from above)

Street _____ City _____ State _____ Zip Code _____

Home and Cell Phone _____

Work Phone _____

SECTION B - Please list all the people in your household living at this address full time

Name	Relationship to Guarantor	Date of Birth	Social Security Number	US Citizen? <small>(Not for Reporting Purposes)</small>	Employed?
A	Self	/ /	- -	YES NO	YES NO
B		/ /	- -	YES NO	YES NO
C		/ /	- -	YES NO	YES NO
D		/ /	- -	YES NO	YES NO
E		/ /	- -	YES NO	YES NO
F		/ /	- -	YES NO	YES NO

If additional space is required please use Section H.

SECTION C – Monthly Income Information

Income Information - Attach copies of most recent tax returns and last 3 months of pay-stubs for all Household members.

Wages: Do not include children under 18 or Full-time High School students.

Wage

Earner 1:

Employer Name	Employer Address (Street, City, and State)	Yrs.	Months	\$
		Length of Employment		Gross Wages (Before Taxes)

Wage

Earner 2:

Employer Name	Employer Address (Street, City, and State)	Yrs.	Months	\$
		Length of Employment		Gross Wages (Before Taxes)

Other Sources of Monthly income for all Household Members: (Please provide supporting documentation).

Public Assistance	\$	Unemployment Benefits	\$
Food Stamps	\$	Work Compensation	\$
Social Security	\$	Pension/Annuities	\$
VA Benefits/Military Allotments	\$	Dividends/Interest	\$
Rental Income	\$	Child Support/Alimony	\$
Gifts	\$	Capital Gains	\$
Proceeds from Contracts or Sale of Goods	\$	Scholarships & Grants	\$
Other Income	\$		

Office Use Only	Total Earned Income	\$	Total Monthly Income	\$
	Total Other Income	\$	Total Annual Income	\$

SECTION D - Asset Information – Please list separately all assets, and provide supporting documentation. Please use Section H if additional space is required.

Asset Type	Description of Assets (I.e. Location, Bank, Broker)	Market Value	Balance Owed
Assets			
Bank Account(s)		\$	
Investment Accounts (exclude 401, 403, and 403B)		\$	
Other Securable Assets (Include: Art, Recreational Vehicles and Campers, etc. (Do not include family auto))		\$	\$
Office Use Only		\$	\$
<i>Subtotal (Include assets from Section H)</i>		\$	\$
Real Estate (primary home), Rental Properties, Vacation Homes		\$	\$

SECTION E – Monthly Living Expenses Please list expenses for all Household Members (as listed in Section B). If expenses are shared with non-household members, please list your portion only.

				Total
Primary Home:			Property Tax (if not included)	\$
Rent or Own	Paid to: _____	\$ _____	\$ _____	\$
Transportation:			Gas/Oil	\$
Car Payment	\$ _____	Other (Bus/Taxi Fare)	\$ _____	\$
Food:				\$
Total Expense	\$ _____	Less Food Stamps	\$ _____	\$
Utilities:			Water	\$
Gas	\$ _____	Electricity	\$ _____	\$
Phone	\$ _____	Cable	\$ _____	\$
Insurance:			Other	\$
Life	\$ _____	Auto	\$ _____	\$
Family Expenses:			Child Care	\$
Alimony Paid	\$ _____	Child Support Paid	\$ _____	\$
Other - List _____			\$ _____	\$
Other Expenses:			Newspapers	\$
Clothing	\$ _____	Laundry	\$ _____	\$
Household Supplies	\$ _____	Other - List _____	\$ _____	\$
Total Living Expense				\$
Special Medical Cost:			Health Insurance Premiums	\$
Prescriptions	\$ _____	Rental Equipment	\$ _____	\$

SECTION F – Please list for all Household Members. Use Section H if additional space is required.

Medical Bills – Include All		
Provider Name	Balance	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Other Creditors – Bank Loans, Credit Cards, Personal Loans		
Name	Balance	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$

