

**NORTH CENTRAL HEALTH CARE
1100 LAKE VIEW DRIVE
WAUSAU WI 54403-6785
(715) 848-4600**

/FOR OFFICE USE ONLY

INITIALS: _____
DATE: _____

FINANCIAL REVIEW

CLIENT: _____ **CLIENT #:** _____

Are any of your services covered by one of the following, if so, please check appropriate box(s) and complete the requested information

MEDICARE: YES _____ NO _____
Medicare Number: _____

INSURANCE: YES _____ NO _____
Subscriber Number: _____ Group Number: _____
Insured Name: _____ Employer: _____
Insurance Co Name and Claims Address: _____
Ins. Effective Date: _____ Telephone Number: _____

MEDICAL ASSISTANCE: YES _____ NO _____
Medical Assistance Number: _____
Medical Assistance Effective Date: _____

If you answered yes to having Medical Assistance, please attach a copy of your card and do not complete the remainder of this form. If you do not have Medical Assistance, and wish to apply for the reduced fee schedule, please complete the rest of this application and return it **with supporting documentation** to the above address. If you do not apply for the reduced fee you are responsible for the entire balance after insurance.

YOUR GROSS MONTHLY INCOME: \$ _____
(examples include: wages, Social Security, veterans and/or pension benefits, child support, alimony, unemployment and/or workers compensation, educational grants, interest, etc.)

YOUR SPOUSE'S GROSS MONTHLY INCOME (IF MARRIED): _____

MEMBERS OF HOUSEHOLD: SELF _____ SPOUSE _____
NUMBER OF CHILDREN UNDER 18 YRS _____
(dependents claimed)

AMOUNT OF MEDICAL AND DENTAL BILLS PAID MONTHLY: \$ _____
(also include the amount of prescription drugs paid monthly)

AMOUNT OF COURT ORDERED OBLIGATIONS: \$ _____ **\$** _____ **\$** _____ **\$** _____
(list each obligation separately, include any child support payments you pay)

LIST ANY LIQUID ASSETS OVER \$10,000.00: _____
(examples include: checking accts, savings accts, CD's, money market cert., stocks & bonds)

PLEASE INDICATE CURRENT ADDRESS AND TELEPHONE NUMBER: _____

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

(SIGNATURE)

(DATE)

**PLEASE RETURN FORM WITH DOCUMENTATION
TO: _____ BY: _____**