

**EXHIBIT C**

|                     |   |
|---------------------|---|
| Patient Name_____   | Facility: _____ DOS: _____                            |
| Patient Number_____ | <b>Confidential Financial Statement (Application)</b> |

**RESPONSIBLE PARTY**

|  |                          |                              |
|--|--------------------------|------------------------------|
| Name   | Marital Status           | Social Security Number       |
| Street Address, City, State, Zip                     | How long at this address | Home Phone                   |
| Employers Name and Address (If Unemployed –How Long) |                          | Business Phone               |
| Position / Title                                     | Monthly income – Gross   | Monthly income - Net         |
|  |                          | Length of current employment |

**SPOUSE**

|                           |                              |
|---------------------------|------------------------------|
| Name                      | Social Security Number       |
| Employer Name and Address | Business Phone               |
| Position / Title          | Monthly income – Gross       |
|                           | Monthly income – Net         |
|                           | Length of current employment |

**DEPENDENTS**

|   |  |  |
|---|--|--|
| Name & Year of Birth of all dependents in household | Total Number of dependents in household_____ | Do Any Other Persons Contribute? If Yes, Amount: Yes/No _____ Amount _____ |
|---|--|--|

**INCOME PER MONTH & ASSETS**

|                                 |    |                         |    |
|---------------------------------|----|-------------------------|----|
| Dividends, Interest             | \$ | Child Support / Alimony | \$ |
| Public Assistance / Food Stamps | \$ | Rental Income           | \$ |
| Social Security                 | \$ | Grants                  | \$ |
| Unemployment Compensation       | \$ | Investments             | \$ |
| Workers' Compensation           | \$ | Other                   | \$ |
| Savings                         | \$ |                         |    |

**EXPENSES PER MONTH**

|                          |    |          |    |                        |       |
|--------------------------|----|----------|----|------------------------|-------|
| Mortgage / Rent Payment: | \$ | Balance: | \$ | Medical / Dental       | \$    |
| Own Home? (Yes/No)       |    |          |    | Doctor – Name          | \$    |
| Food                     | \$ |          |    | Doctor – Name          | \$    |
| Utilities:               | \$ |          |    | Doctor – Name          | \$    |
| Electric                 | \$ |          |    | Credit Cards:          |       |
| Gas                      | \$ |          |    | Visa                   | Limit |
| Water / Sewer            | \$ |          |    | Mastercard             | Limit |
| Trash                    | \$ |          |    | Discover               | Limit |
| Phone                    | \$ |          |    | Other                  | Limit |
| Cable                    | \$ |          |    | Installment Loans      | \$    |
| Auto Payments            | \$ |          |    | Child Support          | \$    |
| Auto Expenses            | \$ |          |    | Miscellaneous Expenses | \$    |
| Insurance:               |    |          |    |                        |       |
| Auto Premium             | \$ |          |    |                        |       |
| Life Insurance           | \$ |          |    |                        |       |
| Health Insurance         | \$ |          |    |                        |       |

|  |   |
|--|---|
| <p><b>OFFICE USE ONLY</b></p> Gross income _____<br>Net income _____<br>Total Expenses _____<br>Total Net income(loss) _____ | <p>To my knowledge the information provided above is true. I authorize a Credit Bureau Report to be secured by the Hospital or its agent to verify my financial standing.</p> <p style="text-align: center;">_____<br/> PATIENT/GUARANTOR SIGNATURE</p> <p style="text-align: right;">_____<br/> DATE</p> |
|--|---|

**Note:** The Financial Statement (Application) is available in Spanish