



**NICKLAUS CHILDREN'S HOSPITAL  
APPLICATION FOR FINANCIAL EVALUATION**

Patient's Name: \_\_\_\_\_

Account No. \_\_\_\_\_ \$ \_\_\_\_\_

Home Address: \_\_\_\_\_

Account No. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

Account No. \_\_\_\_\_ \$ \_\_\_\_\_

County: \_\_\_\_\_

Account No. \_\_\_\_\_ \$ \_\_\_\_\_

**PROOF OF RESIDENCY (Copy Attached)**

Total Owed: \$ \_\_\_\_\_

- \_\_\_\_ Driver's License
- \_\_\_\_ Utility Bill(s)
- \_\_\_\_ Vehicle Registration
- \_\_\_\_ Voters Registration
- \_\_\_\_ Other \_\_\_\_\_

**HOUSEHOLD MEMBERS AND INCOME**

NAME	AGE	REL	SOURCE OF INCOME	FREQUENCY OF INCOME* (W, BW, M, BM)	GROSS INCOME	ANNUAL GROSS INCOME
1. _____	_____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____	\$ _____

Total No. of Family Members: \_\_\_\_\_

Total:

\*Gross Income Prior To Deductions \*\*\* W=Weekly (52) BW= Bi-Weekly (26) M=Monthly (12) BM=Bi-Monthly (24)

**INCOME CERTIFICATION**

I, certify that my family income for the past 12 months has been \$ \_\_\_\_\_ and there are \_\_\_\_\_ people in my family.  
The income information can be verified by calling the following employer(s):

Company

Phone

Company

Phone

Additionally, I understand that in accordance with Florida Statutes 817.50, providing false information to defraud a hospital for the purpose of obtaining goods or services, is a misdemeanor in the second degree.

Date

Guarantor

Witness

- \_\_\_\_ Qualifies according to Federal Guidelines by gross yearly income
- \_\_\_\_ Federal Guidelines net patient responsibility exceed 25% of gross yearly income
- \_\_\_\_ Does not qualify according to Federal Guidelines

*Please return this form along with proof of income*

*Email: eas@mch.com*

*In Person: Public Benefits Department  
3100 SW 62nd Avenue Miami FL 33155*

*Fax (786)268-1876*

*Any Questions Ph (305) 669-6525*

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Manager \_\_\_\_\_ Date \_\_\_\_\_