

**Alternacare Infusion Pharmacy**  
**Financial Hardship Program Client Information**

**Application for Patient:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Patient's Date of Birth:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_

**Responsible Party Information:**

Last Name	First Name	Middle Initial	Social Security Number
Address			Home Telephone Number
City	State	Zip Code	Work Telephone Number

**List of household members that the responsible party is liable for:**

Last Name	First Name	Relationship to Responsible party	Birthdate	Social Security Number	Residing with Responsible party?

**Health Insurance information:**

Name of Primary Insurance*	Telephone Number			
Address for Claims Submission	City	State	Zip Code	
Policyholder's Last Name	Policyholder's First Name	Policyholder's S.S.N.	Group number	
Policyholder's Employer's Name	Address	City	State	Zip Code
Name of Secondary Insurance*	Telephone Number			
Address for Claims Submission	City	State	Zip Code	
Policyholder's Last Name	Policyholder's First Name	Policyholder's S.S.N.	Group number	
Policyholder's Employer's Name	Address	City	State	Zip Code

**\*Fill out completely and please attach front and back copies of all health insurance cards.**

**Employment:**

Name of Employer		Work Telephone Number	
Address	City	State	Zip Code
Name of Employer		Work Telephone Number	
Address	City	State	Zip Code

**Liquid Assets:**

_____ \$ _____	_____ \$ _____
Savings Account number                      Amount	Checking Account number                      Amount
_____ \$ _____	_____ \$ _____
Certificates of Deposit                      Amount	Stocks/Bonds                      Amount
_____ \$ _____	_____ \$ _____
Other                      Amount	Other                      Amount
_____ \$ _____	_____ \$ _____
Other                      Amount	Other                      Amount
_____ \$ _____	_____ \$ _____
Other                      Amount	Other                      Amount
	<b>\$</b>
	<b>Total Liquid Assets</b>

**Real Estate:**

_____	_____ \$ _____	_____ \$ _____
Address or Land description	Fair Market Value	Equity
_____	_____ \$ _____	_____ \$ _____
Address or Land description	Fair Market Value	Equity
_____	_____ \$ _____	_____ \$ _____
Address or Land description	Fair Market Value	Equity
		<b>\$</b>
		<b>Total Real Estate</b>

**Personal Property:**

_____	_____ \$ _____
Type: (Car/Boat/Other)      Description      Year      Make      Model	Market Value
_____	_____ \$ _____
Type: (Car/Boat/Other)      Description      Year      Make      Model	Market Value
_____	_____ \$ _____
Type: (Car/Boat/Other)      Description      Year      Make      Model	Market Value
_____	_____ \$ _____
Type: (Car/Boat/Other)      Description      Year      Make      Model	Market Value
	<b>\$</b>
	<b>Total Personal Prop.</b>

**Monthly Income:**

_____ \$ _____	_____ \$ _____
Patient Name                      Amount	Total Liquid Assets                      Amount
_____ \$ _____	_____ \$ _____
Guarantor Name                      Amount	Total Real Estate                      Amount
_____ \$ _____	_____ \$ _____
Other Sources                      Amount	Total Personal Property                      Amount
_____ \$ _____	_____ \$ _____
Other Sources                      Amount	Total Monthly Income                      Amount
	<b>\$</b>
	<b>Assets Grand Total</b>

**Monthly Expenses:**

Utilities (include gas/electric/water/trash removal):	\$ _____
Telephone (included local/long distance):	\$ _____
Cellular Phone:	\$ _____
Cable/Internet:	\$ _____
Medical Insurance:	\$ _____
Life Insurance:	\$ _____
Car Insurance:	\$ _____
Groceries:	\$ _____
Clothing Expense:	\$ _____
Educational Expenses:	\$ _____
Charitable Donations:	\$ _____
Subscriptions & Magazines:	\$ _____
Other _____:	\$ _____

**Mortgage/Rent:**

_____	_____	_____	\$ _____	\$ _____
Name of Mortgage Lender	Account number	Address/City/St/Zip	Total Balance Owed	Monthly Payment
_____	_____	_____	\$ _____	\$ _____
Name of Mortgage Lender	Account number	Address/City/St/Zip	Total Balance Owed	Monthly Payment

**Car/Boat/Other Payments**

_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Monthly Payment
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Monthly Payment
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Monthly Payment

**Credit Cards:**

_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt

**Other Credit Cards/Miscellaneous Payments:**

_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt
_____	_____	_____	\$ _____	\$ _____
Name of Creditor	Account number	Address/City/St/Zip	Total Balance Owed	Min. Monthly Pymnt

**\$ \_\_\_\_\_**  
**Expenses Grand Total**

