

HEMATOLOGY & ONCOLOGY CONSULTANTS, PC PERSONAL FINANCIAL STATEMENT

THIS FORM TO BE COMPLETED IN FULL AND RETURNED BY _____ TODAY'S DATE _____

WE REQUIRE A TAX RETURN TO BE ATTACHED TO THIS FORM FOR PROOF OF INCOME

PATIENT NAME: _____

DATE OF BIRTH: _____

ACCOUNT BALANCE: _____

MARITAL STATUS: Single Married Widowed Divorced

NUMBER OF DEPENDENTS IN HOUSEHOLD (INCLUDING SELF): _____

EMPLOYER: _____ EMPLOYER PHONE: _____

LENGTH OF EMPLOYMENT: _____ YEARS _____ MONTHS

GROSS MONTHLY INCOME/ASSETS

(include earnings from all full- and part-time jobs, alimony, etc.)

GROSS MONTHLY INCOME (SELF): _____

GROSS MONTHLY INCOME (SPOUSE): _____

CASH ON HAND (CHECKING): _____

SAVINGS/CD's/IRA's/401K: _____

STOCKS/BONDS/MONEY MARKET: _____

LIFE INSURANCE (LOAN VALUE): _____

IF BUYING, HOME'S APPROX MARKET VALUE: _____

REAL ESTATE/LAND (VALUE): _____

AUTOMOBILE (VALUE): _____

MONTHLY EXPENSES/LIABILITIES:

MORTGAGE/RENT: _____

INSURANCE PREMIUMS: _____

UTILITIES/PHONE: _____

CAR PAYMENT: _____

GROCERIES: _____

MEDICAL BILLS: _____

CHILD CARE: _____

LOANS: _____

CREDIT CARDS: _____

Final approval will require a copy of your most recent tax form. If you do not file a tax return, or if you have had significant financial changes, please explain on the reverse side of this form.

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN TO HEMATOLOGY & ONCOLOGY CONSULTANTS, PC, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE HEMATOLOGY & ONCOLOGY CONSULTANTS, PC, TO VERIFY ANY OR ALL INFORMATION GIVEN, AND I ALSO AUTHORIZE A CONSUMER CREDIT REPORT MAY OBTAINED, IF NECESSARY.

RESPONSIBLE PARTY'S SIGNATURE: _____

DATE: _____

SPOUSE'S SIGNATURE: _____

DATE: _____