NEWYORK-PRESBYTERIAN HOSPITAL APPLICATION FOR CHARITY CARE/FINANCIAL AID

Address: Number and Street, Apt. # City State Zip	Patient's Name:	Social Sec. #	Date of	of Birth:	
Telephone No. (Last, First, Middle Init.				
Telephone No. () Occupation: Employer: Employer Tel # Income — List combined income for yourself, spouse, and all other household members from: Type of Income Total Last 3 Months Total Last 12 Months Wages Self-employment Earnings Self-employment Earnings Public Assistance Social Security Unemployment/Workers' Compensation Aliniony Child Support Denome From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Total Last 12 Months Income From Dividends Resources (bank acets., investments, loans, etc.) Income From Dividends Resources (bank acets., investments, loans, etc.) Income From Dividends Note: Flease attach another sheet if additional space needed. This Application May BE submitted to other Hospital At any Time During The BILLING and COLLECTION PROCESS ONCE YOU MAY DISREGARD ANY BILLS UNTIL THE HOSPITAL HAS RENDERD A WRITTEN DECISION ON YOUR APPLICATION MAY BE LIBBRITED TO THE HOSPITAL HAS RENDERD A WRITTEN DECISION ON YOUR APPLICATION AND SIGN WHERE INDICATED BELOW. To Submitt This Application For CHARITY CAREFINANCIAL AND INDICRESTAND THAT THE INFORMATION WHICH IS SU	Address				
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Roslyn Heights, NY 11577
Attn: Jerome Fields
Or Fax To: (516) 801-8504

Reviewed: February 2025