

Please complete this application and return it to the following address within 15 days.

John C. Lincoln Hospitals
 Attn: Patient Financial Services
 250 E Dunlap Ave.
 Phoenix, AZ 85020

Patient Information		
Name (Last, First, Middle)		
Social Security Number	Birthdate	
Relationship to Guarantor		
Guarantor Information		
Name (Last, First, Middle)		
Social Security Number	Birthdate	
Address	Phone Number	
City	State	ZIP
Occupation	Annual Salary	
Employer Name	Years Employed	
Employer Address	Employer Phone	
Employer City	State	ZIP
Other Income per year (e.g., alimony, retirement, etc.)		
Spouse Information		
Name (Last, First, Middle)		
Social Security Number	Birthdate	
Occupation	Annual Salary	
Employer Name	Years Employed	
Employer Address	Employer Phone	
Employer City	State	ZIP
Other Income per year (e.g., alimony, retirement, etc.)		
Dependent Information		
Name and Age of Dependents	Number of Dependents	

Financial Information			
Checking Account #		Savings Account #	
Financial Institution		Financial Institution	
Balance		Balance	
Outstanding Debt (automobile loans, charge accounts, credit cards, etc.)			
Name of Bank, Company, Individual		Balance	
Expenses	Monthly Payment	Yearly Estimate	
Mortgage/Rent			
Utilities (gas/electric)			
Telephone			
Car/Transportation			
Insurance			
Student Loans			
Groceries			
Medical Expenses			
Signature			
By signing below, I certify that everything I have stated in this application and on any attachment is correct.			
Signature		Date	

Please attach **one** of the following forms of documentation.

- Current year tax returns or W-2
- Current pay stub or letter from employer stating income
- Current unemployment check
- Social Security Benefits Statement or Letter
- Other supporting documentation

If you have any questions, please call our office at (602) 331-5840.