



FINANCIAL EVALUATION

General Information

Account # _____ Please check a Community Health Partners clinic location:

- 726 Medical Center Drive, Suite 209, Clovis, CA 93611
- 729 N. Medical Center Drive, Suite 221, Clovis, CA 93611
- 782 Medical Center Drive, Suite 205, Clovis, CA 93611
- 782 Medical Center Drive, Suite 212, Clovis, CA 93611
- 785 Medical Center Drive, Suite 203, Clovis, CA 93611
- 2335 E. Kashian Lane, Suite 220, Fresno, CA 93701
- 2335 E. Kashian Lane, Suite 450, Fresno, CA 93701
- 45 Park Place West, Suite 104, Fresno, CA 93720
- 805 W. Acequia, Suite 2D, Visalia, CA 93291

Patient Name _____ Guarantor Name _____

Spouse's Name _____

Home Address _____ Monthly Payment _____

_____ Renting

_____ Buying

Guarantor

Date of Birth _____ Driver's License # _____ Social Security # ____ - ____ - _____

Employer _____ Department/Position _____

Gross Pay _____ Child Support _____ Social Security _____

Pension _____ Welfare _____ Unemployment _____

Disability _____ Alimony _____ Interest/Dividends _____

Rents Received _____ Other _____

Spouse

Date of Birth _____ Driver's License # _____ Social Security # _____ - ____ - _____

Employer _____ Department/Position _____

Gross Pay _____ Child Support _____ Social Security _____

Pension _____ Welfare _____ Unemployment _____

Disability _____ Alimony _____ Interest/Dividends _____

Rents Received _____ Other _____

Where do you bank? _____ Branch, City _____

Checking

Savings

Gross income as reported to the IRS last year _____

Number of dependents under 18 years old living with you _____

Do you provide support for anyone over the age of 18? No Yes (Please explain)

I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE AND CORRECT AND I UNDERSTAND THAT COMMUNITY HEALTH PARTNERS RESERVES THE RIGHT TO VERIFY THE ABOVE.

Guarantor Signature _____ Date _____