



FINANCIAL DISCLOSURE

Client's Name: _____

Client's Date of Birth: _____

GUARANTOR INFORMATION

Guarantor Name: _____ Relationship: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

of family members claimed on most recent Federal Income Tax Return: _____ Cell Phone: _____

E-mail Address: _____ Social Security #: _____

INCOME

Gross Yearly Household Income: Include income from all members that live in the same household and all forms of income (work, alimony, child support, dividends, etc.) \$ _____

Other household financial resources (stocks, savings, inheritance, etc.) \$ _____

ATTACHMENTS

Please include most recent W-2 or your Federal Income Tax Return and your most recent paycheck stub(s)

MISCELLANEOUS

Please include any other financial information that would be of importance in consideration of your request for a reduced fee:

I attest that the information disclosed above is true and accurately reflects my current financial situation. I authorize Meier Clinics to obtain credit reports or other financial confirmation as they deem necessary to verify financial need. If my financial status changes, I will notify Meier Clinics immediately. I further acknowledge that I must update my information every six months for consideration of continued reduced fee services.

Guarantor's Signature: _____ Date: _____

MC STAFF USE ONLY

Location/Program: _____	Acct. #: _____	Amount Approved
Reviewed by: _____	Date: _____	\$ _____