

MIDWEST EYE CARE, P.C.

4353 Dodge Street
Omaha NE 68131
(402) 552-2020

105 S 90th St #100
Omaha NE 68114
(402) 552-2020

2727 S 144th Street #290
Omaha NE 68144
(402) 552-2020

715 Harmony #300
Council Bluffs IA 51503
(712) 388-2600

Financial Worksheet

PATIENT INFORMATION

DATE: _____

Patient Name: _____
Patient Balance: \$ _____

Account #: _____
Account Balance: \$ _____

RESPONSIBLE PARTY

Name: _____
Social Security #: _____
Home Phone #: _____
Marital Status: _____
Age Dependent Children: _____

Employer: _____
Occupation: _____
Work Phone #: _____
Length of Employment: _____
Monthly Salary: Gross \$ _____
Net \$ _____

SPOUSE INFORMATION

Name: _____
Social Security #: _____
Home Phone #: _____

Employer: _____
Occupation: _____
Work Phone #: _____
Length of Employment: _____
Monthly Salary: Gross \$ _____
Net \$ _____

OTHER ASSETS / INCOME

\$ _____ Interest/Dividends
\$ _____ Business
\$ _____ Alimony
\$ _____ Child Support
\$ _____ Social Security
\$ _____ State of NE
\$ _____ Other Income

\$ _____ Checking Account
\$ _____ Savings Account
\$ _____ Autos
Year ____ Make _____
Year ____ Make _____
\$ _____ Home
\$ _____ Life Insurance

LIABILITIES

Home: Rent Buying Monthly Payment \$ _____

<u>Bank Loans: (please list)</u>	<u>Original Balance</u>	<u>Unpaid Balance</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

<u>Finance Companies/Credit Union Loans</u>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

<u>Credit Cards</u>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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LIABILITIES cont'd

<u>Other Liabilities</u>	<u>Original Balance</u>	<u>Unpaid Balance</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MONTHLY EXPENSES

\$ _____	Food	\$ _____	Natural Gas/Propane
\$ _____	Car Expense	\$ _____	Cable Television
\$ _____	Car Insurance	\$ _____	Water/Garbage
\$ _____	Health Insurance	\$ _____	Child Care
\$ _____	Life Insurance		Other (please list)
\$ _____	Home Telephone	\$ _____	_____
\$ _____	Cellular Telephone	\$ _____	_____
\$ _____	Electricity	\$ _____	_____

SIGNATURE

I hereby acknowledge that the information given to Midwest Eye Care, P.C. is true and correct to the best of my knowledge. I hereby authorize Midwest Eye Care, P.C. to verify any or all information given and I also authorize that a consumer credit report may be obtained if necessary.

Responsible Party Signature

Spouse Signature

Date

Date

Comments by Applicants:

FOR USE BY THE FINANCE DEPT ONLY

Reviewed By: _____

Date: _____

Next Review Date: _____

Plan:

Thank you for your cooperation and assistance.