UNIVERSITY
of COLORADO HEALTH

Financial Worksheet

Name of Patient_____ Name of Guarantor_____

Patient SSN_____ Guarantor SSN_____

Address_____
Street Apt# City Zip Code

Home Phone_____ Work Phone_____

Patients Employer_____

Guarantors (spouses) Employer_____

CHECKLIST

Patients Last 3 Months of income (Gross)*

_____

_____

_____

Guarantors (Spouses) last three Months of income (Gross)*

_____

_____

_____

Total Earned Income*_____

Number of Dependents:_____

List the Names of Family Members

Name	Date of Birth	Social Security Number

Please Include Copies of all that Apply

- ☐ Last 3 Months of Pay Stubs
- ☐ Last Year(s) Tax Return
- ☐ Unemployment Letter
- ☐ Social Security Letter

If you have applied for Medicaid or CICP, please check the box below:

- ☐ Medicaid
- ☐ CICP

MRN#_____

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*Income Sources: Job, Unemployment, Social Security, Alimony, Old Age Pension, Pension Plan, Commissions, Tips, Child Support, Trust Accounts, Rental Income, Interest and other Income.

COMMENTS:

X_____ X_____
Signature Date

The information on this worksheet is warranted by the undersigned to be complete and accurate.
The undersigned does herby consent to allow University of Colorado Health & Colorado Health Medical Group (CHMG) to verify all items contained in this worksheet.