



NEPHROLOGY AND INTERNAL MEDICINE
1801 NORTH SENATE BLVD.
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INDIANAPOLIS, IN 46202

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PLEASE PRINT ACCOUNT# _____

Patient Name _____
Last First Middle

Address _____

Date of Birth _____ Home Phone _____ Work Phone _____

Patient's Soc.Sec.# _____ Spouse's Soc.Sec.# _____

Marital Status (circle one) Single Married Divorced

List all persons living at this address (If any contribute to the Household Income, be sure and list the contributed amount on the next page).

Name	Age	Relationship to Patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient's Employer: _____

Employer's Address: _____

Job Title: _____ Net Monthly Income \$ _____

Deductions taken from check besides taxes: \$ _____
(Explanation) _____

Spouse or Parent's (if patient is a minor) Employment: _____

Address of the above: _____

NET Monthly Income: \$ _____

Deductions taken from check besides taxes \$ _____

(Explanation) _____

OTHER HOUSEHOLD INCOME

Social Security Income-----\$ _____

Pension-----\$ _____

Veterans Benefits-----\$ _____

Child Support or Alimony-----\$ _____

Welfare-----\$ _____

Income from Roommate/Rental Property (circle)-----\$ _____

Other Income (Explain)-----\$ _____

Are you currently receiving disability pay from work? Yes _____ No _____

If yes, how much \$ _____ per week/month (circle one)

I have applied to the county welfare department for assistance: Yes _____ No _____

Date applied _____

I have applied for Social Security Income Yes _____ No _____ Date _____

I have received welfare assistance in the past. Yes _____ No _____

What program? _____ Which county _____

Caseworker's name: _____ Phone _____

Do you receive Food Stamps? Yes _____ No _____

If yes, how much do you receive each month? \$ _____

Name of Bank : _____

Checking Account: Yes _____ No _____ Savings Account: _____ No _____

MONTHLY EXPENSES

Rent/Mortgage Payment (circle one)-----\$ _____

Renter's/Mortgage Insurance (circle one)-----\$ _____

Property Taxes (if not included in mortgage)-----\$ _____

Utilities: Water-----\$ _____

Gas-----\$ _____

Electric-----\$ _____

Water/Sewer-----\$ _____

Date Reviewed: _____ By: _____

Monthly Income: \$ _____

Monthly Debts: \$ _____

Amount Left: \$ _____

Recommendation: _____