



Financial Assistance Application
 31 Research Way East, Setauket NY 11733-911
 (631) 444-4151
 FAX (631)-444-5820

You may be eligible for financial assistance. Please complete this application as well as provide the attached necessary documents and return via mail to: Stony Brook Hospital Financial Assistance Dept. 31 Research Way, East Setauket, NY 11733. Completed applications can be faxed along with the **supporting documentation** to (631) 444-5820.

Name of Applicant: _____ Date of Birth: ____ / ____ / ____

Applicant Mailing Address: _____

Applicant's Phone Number _____

Insurance Information (If any).

Name of Insurance Company _____ Policy Holder: _____

Address: _____ ID # _____

Total Household Size: List the dependents who reside in the applicant's house for which the applicant takes financial responsibility. If more than 4 dependents, please add them to the back of this form.

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		

Total Gross: Weekly/ Bi weekly /Monthly Income.

Source of Income	Applicant Income	Spouse Income
Wages		
Social Security Benefits		
1099 Form		
Unemployment Compensation		
Workers Compensation		
Alimony / Child Support		

 Signature of patient / Responsible Party

 Date