

GRAVES-GILBERT CLINIC

REQUEST FOR POLICY EXCEPTION

201 Park Street
Bowling Green, Kentucky 42101
(270) 781-5111

Responsible Party's Name _____ Account Number _____

Social Security Number _____ Phone (H) _____ (W) _____

Street _____ City _____ State _____ Zip Code _____

List The Other Members of Household: _____ Nearest Living Relative Not Living At Same Address: _____

Spouse _____ age _____ Name _____

Child _____ age _____ Address _____

Child _____ age _____ Phone _____

1. Do you see your current financial situation changing in the next 6-12 months? _____

If yes, How? _____

2. Have you attempted to obtain a loan to pay the balance of your account? _____

If no, why not? _____

3. Have you applied for any public assistance? _____ If yes, what and what is the current

status? _____

4. Please provide us with any other information concerning your situation that should be considered in evaluating your request. _____

5. If we are able to establish a monthly payment on your account, what amount would you consider fair?

\$ _____/Month.

INCOME

Res. Party Name _____ Employed At _____ City _____

Since _____ Part/Full - Job Title _____ Monthly Income of \$ _____

Spouse name _____ Employed At _____ City _____

Since _____ Part/Full - Job Title _____ Monthly Income of \$ _____

Self Employment Income (net): Responsible Party _____ Spouse _____

Source: _____

Social Security Income: Responsible Party _____ Spouse _____

Pension Income: Responsible Party _____ Spouse _____

Other Income & Source (Include Public Assistance): _____

ASSETS

Cash on Hand _____ Savings Accts. _____ Certificates of Deposit _____

Tax Refunds _____ Stocks and/or Bonds _____

Retirement Fund/IRA _____ Annuities _____

Life Insurance Cash Value _____ Face Amount of Policy (s) _____

Other Investments: Type _____ Cash Value _____

Home Value _____ Mortgage Balance _____ Pmt. _____

Mobile Home Value _____ Mortgage Balance _____ Pmt. _____

Real Estate Value _____ Mortgage Balance _____ Pmt. _____

Automobiles/Motorcycles/Campers/Boats/Trailers/Snowmobiles/etc.:

| Year/Type | Value | Loan Balance | Monthly Payment |
|-----------|-------|--------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

LIABILITIES

| Type | Balance | Month | Credit Limit |
|---|----------------------|------------------------|--------------|
| Loans | | | |
| Bank/Finance Co. Loan | _____ | _____ | _____ |
| Credit Union/Other Loan | _____ | _____ | _____ |
| Credit Cards | | | |
| VISA | _____ | _____ | _____ |
| Master Card | _____ | _____ | _____ |
| Discover | _____ | _____ | _____ |
| Other(List) _____ | _____ | _____ | _____ |
| Medical | | | |
| Non Graves-Gilbert Clinic Medical Bills (List): | | | |
| _____ | _____ | _____ | _____ |
| Other Monthly Expenses | | | |
| Utilities _____ | Rent _____ | Telephone _____ | |
| Cable T.V. _____ | Lot Rent _____ | Child Support _____ | |
| Food _____ | Child Care _____ | Other _____ | |
| Other Non-Monthly Expenses | | | |
| Real Estate Taxes _____ | Auto Insurance _____ | Home Owners Ins. _____ | |
| Other: _____ | | | |

The information provided is accurate and correct to the best of my knowledge.

Date _____ Signature _____