

# Christian Financial Ministries

## Acquire Contact/Financial Information

First Name			Last Name	
Street Address			City	
State			Zip	
County				
SSN			Home Phone	
Fax			Email	
<b>Patient Info</b>		(Leave Name/SSN blank if same)		
First Name			Last Name	
SSN			DOB	
Gender	Select			Marital Status
<b>Financial Info</b>				
AGI			Number of Dependents	
Savings Balance			Other Cash Assets	
Other Non-Cash Assets			Any Sources of Health Ins.	

## Acquire Information on the Bills Being Submitted (list largest bills first if more than four)

Provider Name	Account #	Provider Phone	Date of Service	Bill Amount (\$)