



Dear Guest,

Attached you will find Black Hills Surgical Hospital's (BHSH) Financial Assistance Application. If you would like to apply for Financial Assistance, please complete this application and return it with copies of the following items:

- Completed Application for Credit (attached)
- Federal tax returns from the previous two years (if you have not filed federal tax returns for the previous two years, you must provide verification for this.)
- The last two pay stubs or income verification, for all members of the household who receive income, or a copy of your social security letter showing monthly income.
- A brief letter detailing any other information you feel BHSH should be aware of while reviewing your application. (NOT REQUIRED)

Please return this information to our office in 2 weeks, by one of the three following methods:

- Mail: PO BOX 129 Rapid City, SD 57709
- Fax: 605-721-4964
- Email: Patient_Accounts@bhsh.com

For any questions, please call 605-721-4801.

Black Hills Surgical Hospital

Surgical Hospital
216 Anamaria Drive
Rapid City, SD 57701
Tel: 605-721-4700

Mailing Address/Business Office
PO Box 129 * Rapid City, SD 57709
Tel: 605-721-4900 * Fax: 605-721-4964
www.BHSH.com surgery@bhsh.com

Imaging/Pain Center
215 Anamaria Drive
Rapid City, SD 57701
Tel: 605-721-4800

BLACK HILLS SURGICAL HOSPITAL, LLP - APPLICATION FOR CREDIT

Date: _____ Account #: _____ Amount of credit applied for: \$ _____

APPLICANT INFORMATION:

Name: _____		Date of Birth: _____
SSN: _____	Home Phone: _____	No. of Dependents: _____
Street Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
City: _____	State: _____	Zip: _____
Current Employer: _____		Phone Number: _____

CO-APPLICANT INFORMATION:

Name: _____		Date of Birth: _____
SSN: _____	Home Phone: _____	No. of Dependents: _____
Street Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
City: _____	State: _____	Zip: _____
Current Employer: _____		Phone Number: _____

MONTHLY INCOME:

	APPLICANT	CO-APPLICANT
Wages from Employment	\$ _____	\$ _____
Pension or Retirement:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Unemployment or Worker's Compensation:	\$ _____	\$ _____
Alimony or Child Support:	\$ _____	\$ _____
Dividends, IRA, Annuities, Etc.:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
TOTAL INCOME FROM ALL SOURCES:	\$ _____	\$ _____

MONTHLY EXPENSES:

Rent or Mortgage Payment:	\$ _____
Food:	\$ _____
Utilities: Electric, Gas, Phone:	\$ _____
Clothing:	\$ _____
Car Payment(s):	\$ _____
Insurance: Auto, Home, Life, Medical:	\$ _____
Credit Accounts and Other Bills:	\$ _____
Alimony and/or Child Support:	\$ _____
Other Expense _____:	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

ASSETS:

Cash (Checking, Savings, Cash on Hand): _____

Investments: _____ \$ _____ Value: \$ _____

Vehicle(s): Make/Model/Year: _____ Value: \$ _____

Make/Model/Year: _____ Value: \$ _____

Home: Value: \$ _____ Equity: \$ _____

Other Real Estate: Value: \$ _____ Equity: \$ _____

Other Property (Boat, Snowmobile, Motorcycle, RV, etc.): _____

LIABILITIES (Credit Cards, Medical, Dental, Bank Loans, Etc.):

Name of Creditor	Unpaid Balance	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Everything I/we have stated in this application for credit is correct to the best of my/our knowledge. You are authorized to check my/our credit and employment history. You are authorized to request and receive credit information about me/us from any credit reporting agency or third party. I/we agree to the terms and conditions of this application.

X _____ X _____
APPLICANT'S SIGNATURE **Date** **CO-APPLICANT'S SIGNATURE** **Date**