

ADVENT HEALTH

FINANCIAL APPLICATION CHECKLIST

Patient: _____ Date: _____

Needed	Complete		Notes
_____	_____	Lab/Imaging Order	_____
_____	_____	Hardship Letter _(no income)	_____
_____	_____	Pay stub 2 YTD Total	_____
_____	_____	Latest Tax Return	_____
_____	_____	Request for Tax Return	_____
_____	_____	12 Month Bank Statement	_____

SPOUSE OR OTHER RELATED HOUSEHOLD MEMBER

_____	_____	Hardship Letter	_____
_____	_____	Pay stub w YTD Total	_____
_____	_____	Latest Tax Return	_____
_____	_____	Request for Tax Return	_____
_____	_____	12 Month Bank Statement	_____