

AUSTEN RIGGS CENTER

Patient and Applicant Information

Patient First Name	Patient Last Name	Patient Middle Initial
Date of Birth	Telephone Number	Telephone Number
Guarantor First Name	Guarantor Last Name	Relationship to Patient
Mailing Address		Telephone Number

Application Checklist

Letter of Transmittal

Include the following information:

- Sources of income and current year estimated income
- Dependents (relationships and ages)
- Other Financial Responsibilities
- Sources of possible assistance from relatives, employers, and/or others
- Amount of recovery from insurance policies, if any
- Amount of invasion of capital already made to finance patient's treatment

Complete the Statement of Financial Position (Balance Sheet)

This statement must include the resources of all family members.

Federal Income Tax Returns

Provide copies of the most recent two years' tax returns with all supporting schedules.

Mail completed application to:

Austen Riggs Center
ATTN: Business Office
25 Main Street
Stockbridge, MA 01262

For questions regarding the fee reduction application please contact the business office at 413.931-5207.

Statement of Financial Position

Applicant Name	Patient Name	Date
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Cash & Investments

Cash	Checking/Saving Account:	\$
Investments		
	Stocks/Bonds	\$
	Retirement	\$
	Real Estate	\$
	Other (specify):	\$
TOTAL Cash & Investments		\$

Properties

Residence		\$
Personal Property		
	Trusts	\$
	Interest in Estates	\$
	Other (specify):	\$
TOTAL Properties		\$

Liabilities

	Taxes and Accounts Payable	\$
	Notes due to Bank	\$
	Notes due to Others	\$
	Mortgage on Real Estate	\$
	Other (specify):	\$
TOTAL Liabilities		\$

TOTAL Assets	Cash & Investments + Properties	\$
TOTAL Liabilities	Total Liabilities	\$
TOTAL Net Worth	(Total Assets - Total Liabilities)	\$

Signature: _____
(Applicant)

Signature: _____
(Co-Applicant)