

Financial Profile Verification Request

Client Name: _____

DMH Client ID #: _____

<input type="checkbox"/> Identification – Provide any ONE of the following: <ul style="list-style-type: none">▪ Driver's License▪ California Identification Card▪ Passport▪ Any governmental issued identification with a photo▪ Other photo ID
Proof of Third Party Benefits <ul style="list-style-type: none"><input type="checkbox"/> Medi-Cal card (Benefits Identification Card)<input type="checkbox"/> Medicare card<input type="checkbox"/> Private Insurance card: _____<input type="checkbox"/> Additional Private Insurance card: _____
<input type="checkbox"/> Lifetime Extended Signature Authorization Form
<input type="checkbox"/> Insurance Authorization and Assignment of Benefits Form
Proof of Income and Employment for: <ul style="list-style-type: none"><input type="checkbox"/> Client<input type="checkbox"/> Financially Responsible Party<input type="checkbox"/> Spouse of Financially Responsible Party Provide verification of the following: <ul style="list-style-type: none"><input type="checkbox"/> Pay stubs (most recent 3 pay periods or the last 30 days)<input type="checkbox"/> Self-Employment income<input type="checkbox"/> In-Kind form<input type="checkbox"/> Tax returns<input type="checkbox"/> Award letter (Unemployment/Social Security Benefits/Veterans/Worker's Compensation)<input type="checkbox"/> Other: _____
Proof of Liquid Asset for: <ul style="list-style-type: none"><input type="checkbox"/> Client<input type="checkbox"/> Financially Responsible Party<input type="checkbox"/> Spouse of Financially Responsible Party Provide verification of the following: <ul style="list-style-type: none"><input type="checkbox"/> Checking Account<input type="checkbox"/> Savings Account<input type="checkbox"/> IRA<input type="checkbox"/> CD<input type="checkbox"/> Market Value of Stocks<input type="checkbox"/> Bonds<input type="checkbox"/> Mutual Funds
Proof of Allowable Expenses <ul style="list-style-type: none"><input type="checkbox"/> Court ordered obligations paid monthly<input type="checkbox"/> Monthly childcare payments (necessary for employment)<input type="checkbox"/> Monthly dependent support payments<input type="checkbox"/> Monthly medical expense payments<input type="checkbox"/> Monthly mandated deductions from gross income for retirement plans (Do not include Social Security)
Additional Comments

Provide all requested verification at your next visit on: _____

(Failure to comply with the above verification could result in responsibility for the full cost of care)

财务状况证明要求

客户姓名: _____ DMH 客户 ID #: _____

<input type="checkbox"/> 身份证件 – 请提供以下之一: <ul style="list-style-type: none">▪ 驾照▪ 加州身份证▪ 护照▪ 政府颁发的任何带照片的身份证件▪ 其他带照片的身份证件
第三方福利证明 <input type="checkbox"/> Medi-Cal 卡 (福利身份卡) <input type="checkbox"/> Medicare 卡 <input type="checkbox"/> 私人保险卡: _____ <input type="checkbox"/> 其他私人保险卡: _____
<input type="checkbox"/> 终身有效签名授权表
<input type="checkbox"/> 保险授权和福利转让表
收入和就业证明: <input type="checkbox"/> 客户 <input type="checkbox"/> 财务责任方 <input type="checkbox"/> 财务责任方的配偶 提供以下各项证明: <input checked="" type="checkbox"/> 工资单 (最近 3 个支付期或最近 30 天) <input type="checkbox"/> 自雇收入 <input type="checkbox"/> 实物表 <input type="checkbox"/> 税单 <input type="checkbox"/> 授予函 (失业/社会安全福利/退伍军人/工伤赔偿) <input type="checkbox"/> 其他: _____
流动资产证明: <input type="checkbox"/> 客户 <input type="checkbox"/> 财务责任方 <input type="checkbox"/> 财务责任方的配偶 提供以下各项证明: <input type="checkbox"/> 支票账户 <input type="checkbox"/> 储蓄账户 <input type="checkbox"/> 个人退休账户 (IRA) <input type="checkbox"/> 定期存款 (CD) <input type="checkbox"/> 股票市值 <input type="checkbox"/> 债券 <input type="checkbox"/> 共同基金
允许支出证明 <input type="checkbox"/> 法庭命令按月支付的债务 <input type="checkbox"/> 按月支付的托儿费 (就业所需) <input type="checkbox"/> 按月支付的受抚养人赡养费 <input type="checkbox"/> 按月支付的医疗费用 <input type="checkbox"/> 总收入中的退休计划每月强制扣款 (不包括社会安全金付款)
其他说明

下次来访时请提供所有要求的证明, 来访日期: _____

(如未能满足上述证明要求可能导致承担全部医疗费用)