

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)

財務狀況證明要求

客戶姓名: _____ DMH 客戶 ID #: _____

身份證件- 請提供以下之一:

- 駕照
- 加州身份證
- 護照
- 政府頒發的任何帶照片的身份證件
- 其他帶照片的身份證件

第三方福利證明

- Medi-Cal 卡 (福利身份卡)
- Medicare 卡
- 私人保險卡: _____
- 其他私人保險卡: _____

終身有效簽名授權表

保險授權和福利轉讓表

收入和就業證明:

- 客戶 財務責任方 財務責任方的配偶

提供以下各項證明:

- 工資單 (最近 3 個支付期或最近 30 天)
- 自雇收入
- 實物表
- 稅單
- 授予函 (失業/社會安全福利/退伍軍人/工傷賠償)
- 其他: _____

流動資產證明:

- 客戶 財務責任方 財務責任方的配偶

提供以下各項證明:

- 支票帳戶 儲蓄帳戶 個人退休帳戶 (IRA)
- 定期存款 (CD) 股票市值 債券
- 共同基金

允許支出證明

- 法庭命令按月支付的債務 按月支付的托兒費 (就業所需)
- 按月支付的受撫養人贍養費 按月支付的醫療費用
- 總收入中的退休計畫每月強制扣除 (不包括社會安全)

其他說明

下次來訪時請提供所有要求的證明, 來訪日期: _____

(如未能滿足上述證明要求可能導致承擔全部醫療費用)