Our Lady of Consolation
111 Beach Drive, West Islip, NY 11795
631-587-1600 (phone) 631-587-1640 (fax)

FINANCIAL INFORMATION

Name: _____ **Date:** _____

Medicare Number (if applicable): _____ **Suffix:** _____
Blue Cross SNF Coverage: _____ **Yes** _____ **No** **Supplemental:** _____ **Yes** _____ **No**
Group Contract Number: _____ **Certificate Number:** _____
Policy Holder's Name: _____ **Effective Date:** _____

Does applicant have any other Long Term Care insurance? _____ **Yes** _____ **No**
Group: _____
Address: _____ _____ **Policy Number:** _____

Name of Prescription Plan Coverage: _____

Has MEDICAID been applied for? _____ **Yes** _____ **No**
Type: _____ **Community** _____ **Chronic Care**
Name of Worker: _____
County: _____ **Phone Number:** _____
Medicaid number: _____ **Seq.** _____ **Date of Approval:** _____

If other Hospital Insurance, please complete the following:
Name of insurance company: _____ **Group:** _____
Address: _____
Policy number: _____

Will the patient/resident pay privately? _____ **Yes** _____ **No**
If yes, total amount available: _____
Social Security/Railroad Benefits $_____ **Veterans Benefits:** $_____
Pension Benefit: $_____ **Company Name of Pension:** _____

Any other source of income?
_____ **Annuities** _____ **Stocks** _____ **Bonds** _____ **Dividends** _____ **Other**
If yes, give source of monthly dividend for each
_____
If jointly owned: Name/Address/ Phone of Joint Owner:
_____

Name of Bank *Amount*

Account Number:

Checking: Joint: _____ Yes _____ No

_____

Savings: Joint: _____ Yes _____ No

_____

CD's: Joint: _____ Yes _____ No

_____

Trusts: Joint: _____ Yes _____ No

_____

Money Market: Joint: _____ Yes _____ No

_____

Name/ Phone Number of Joint Owner: _____

Address: _____

Who holds Bank Books?

Name: _____ Address: _____

Does applicant own property: (house, condo, etc.)

Location: _____ Value: _____

Joint Owner's Name/Address: _____

Has there been any transfer of funds or property within the past 60 months? _____ Yes _____ No

If yes, please explain:

_____

_____

Does the applicant receive rental income: _____ Yes _____ No Amount: $_____

LIFE INSURANCE POLICIES

Beneficiary: _____

Company or Society: _____

Policy Number: _____ Cash Value: _____

LEGAL AUTHORIZATION

Power of Attorney: _____

Guardian (if applicable): _____

Who is responsible for paying monthly bills on the first of each month:

Name: _____Relationship: _____

Address: _____

Signature of Applicant/ Responsible Party:

Name: _____ Date: _____

Our Lady of Consolation prohibits discrimination based on race, color, creed, national origin, sex, sexual preference, age, handicap, marital or veteran status, or source of payment as contained in the NY State and Federal Laws. Revised 1/09