SA Health
Patient Financial Assessment Form

Use this form to give details about your income and expenses so we can assess your eligibility to receive special consideration due to financial hardship or other extenuating circumstances.

OFFICE USE ONLY URN: Received Date:

Patient Details

Name Title Given Names

Surname

Date of Birth

Residential Address

Postal Address (if different to residential)

Contact Details

Email

Mobile Home

Centrelink Reference Number

Do you have a spouse or partner? Yes No

Do you have any dependents? Yes No

What are your current living arrangements?
(e.g. own your own home, rent, live with family, Residential Aged Care Facility, other housing (i.e. social housing).

Please list your fortnightly household income (after tax)

Wages	Personal	$
	Spouse	$
Pension	Personal	$
	Spouse	$
Centrelink Payment	Personal	$
	Spouse	$
Rental Assistance	Personal	$
	Spouse	$
Other:	Personal	$
	Spouse	$
Total income		$

Please list your fortnightly household expenses

Mortgage / Rent	$
Food	$
Electricity	$
Gas	$
Telephone	$
Petrol	$
Insurance	$
Loan	$
Other:	$
Other:	$
Other:	$
Total expenses	$

Confidential Information

Any personal information collected is used for the purposes of the Acts administered by SA Health and is not disclosed to third parties unless authorised by law or with your consent.

Government of South Australia

SA Health