

PATIENT FINANCIAL HARDSHIP APPLICATION

Type of assistance requested

◆ DEBT FORGIVENESS

Our Laboratory abides by the contractual and legal obligations of health benefit plans to collect charges, co-pays, co-insurance and deductible amounts owed by patients. Recognizing that circumstances may arise where an individual is unable to pay in full at the time of service, we have adopted a policy of screening requests for forgiveness of debt based on individual circumstances. To do this, we must ask for certain financial information. *All information will be held confidential according to our privacy policy.* Please provide the documents listed below for each adult family member, and complete this form to the best of your ability:

Patient name: _____ Patient date of birth: _____

Doctor Name: _____ Date of Service/Year: _____

Number of dependents in household: ____ Number in school: _____

Phone: _____ E-mail: _____

Please complete the information in the following table based on average income and expenses over the last 12 months. For amounts paid annually, enter annual amount divided by 12.

Household financial information

Monthly income (after payroll deductions)		Monthly expenses (not including payroll deductions)	
Employment	\$	Mortgage/rent	\$
Unemployment/severance	\$	Auto/transportation	\$
Self-employment	\$	Medications	\$
Pension/disability	\$	Utilities (e.g., lights, water, gas)	\$
Short-term disability	\$	Childcare	\$
Long-term disability	\$	Child support/alimony	
Rental income	\$	Personal property taxes (home, auto)	\$
Other income	\$	Other expenses	\$
Total average income	\$	Total average expenses	\$

By my signature below, I certify that this information is true and complete. I grant this office permission to verify the information, and I acknowledge that completion of this form does not guarantee discount, payment plan or forgiveness of debt.

Patient Signature: _____ Date: _____

Patient (Print Name): _____

Doctor Signature: _____ Date: _____

(Birdrock Personnel)

Reviewed by: _____ Approved _____ Not Approved _____