FINANCIAL ASSISTANCE PROGRAM FORM

INSTRUCTIONS FOR COMPLETING FORM

Enter the following information into the fillable form, then print, sign it and mail using the address label provided:

- Medical record number
- Today's date

SECTION A

- Patient's name
    - Patient's Social Security number
    - Patient's date of birth
    - Patient's primary phone number
    - Patient's secondary phone number
    - Indicate patient's marital status, and/or minor child
    - Patient's mailing address

- The length of time the patient has been using that mailing address
- Name of patient's current employer, or patient's primary source of income
    - Patient's employment location city and state
    - Patient's employer's phone number
    - The length of time the patient has been with current employer, or the length of time the patient has been supported by their primary source of income

SECTION B

- If applicable, repeat steps 3-15 on Section B of the application for the patient's spouse, parent, or legal guardian

SECTION C

- If applicable, repeat steps 3-15 on Section C of the application for any co-guarantors of the patient

SECTION D

- The name of each person living in the patient's household
    - Their relationship to the patient
    - The employment status of each person
    - The age of each person

SECTION E

- The monthly dollar amount in gross income received each month by all household members in the boxes a – m

SECTION F

- The name of the bank and current dollar amount in each account for:
    - Checking
    - Savings
    - Certificates of deposit
    - Money market, mutual funds
    - Stocks, bonds, or other

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- Indicate if the patient is a resident of Kentucky.
- Indicate any of these items that apply to the patient:
    - Legally blind,
    - Legally disabled
    - Over the age of 65
    - Pregnant
    - A minor child
    - If there are other minor children living in the patient's household

- Indicate if the date of service was related to an automobile accident
- Add other comments necessary to complete the application
- Sign and date the application