

Total persons in household:

| SOURCE | SELF | SPOUSE | OTHER | TOTAL |
|--|------|--------|-------|-------|
| Gross wages, salaries, tips, etc. | | | | |
| Income from business, self-employment, and dependents | | | | |
| Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income | | | | |
| Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources | | | | |
| Total Income | | | | |

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

Incomplete or fraudulent applications will be denied. Fraudulent information may also lead to revocation of charity assistance if discovered after it has been granted.

In completing this financial assistance application, I hereby affirm that the above statements are correct and complete and certify that the family size and income information shown above is correct.

Name (Print): _____

Signature: _____

Application Date: _____

Relationship If Other Than Patient: _____

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved By and Date: _____

| VERIFICATION CHECKLIST | YES | NO |
|---|-----|----|
| Identification/Address: Driver's license, utility bill, employment ID, or other | | |
| Income: Prior year tax return, three most recent pay stubs, or other | | |
| Insurance: Insurance Cards | | |