



Date:

Account :

In order for us to consider your account for financial assistance, you must be uninsured/underinsured and complete the enclosed financial statement.

THIS APPLICATION CANNOT BE PROCESSED WITHOUT YOUR MOST CURRENT INCOME TAX RETURN, CURRENT BANK STATEMENT AND LAST TWO (2) PAY STUBS.

To insure prompt processing of your application, please attach the following, if applicable, and return by mail within 14 days:

1. **If you are employed**, please provide copies of your last two check stubs reflecting your take-home pay, current bank statement (all pages), and most current income tax return.
2. **If you are self-employed**, please provide your most recent W-2 income tax information, and most current bank statement (all pages).
3. **If you are unemployed**, please provide proof of your income (from social security, disability, AFDC, unemployment check, workers' compensation benefits, etc.), current bank statement (all pages), and most current income tax return.
4. **PAA will only consider/review** for hardship/charity if your Surgeon's office has written off/discounted your charge. If your Surgeon's office has discount/adjusted then we must have it in writing by their office. **(Must have or would not be considered)**

Please attach all documents to this application and submit it to our local office.

If you are married, we must receive the above information on your spouse also.

***IMPORTANT:** To be considered for financial assistance for medically necessary hospital charges, this confidential statement must be completed. To be considered complete, all questions must be answered, the form must be signed, and a copy of your most recent federal income tax return must be returned with this document.

If you are unable to provide any of the requested information, please provide a written statement as to why and what your circumstances are. Be sure to sign and date your statement. If you have any questions, please do not hesitate to contact us at the phone number below.

Sincerely,

Providence Anesthesiology Associates, PA

3735 Glen Lake Dr., Ste# 250 Charlotte, NC 28208 – Office (704)749-5801 – Select option #2 followed by option #3.

3735 Glen Lake Dr Ste# 250 Charlotte, NC 28208



PROVIDENCE

ANESTHESIOLOGY ASSOCIATES

Financial Assistance Application

I. Patient Demographics

Patient Name:

(Last) (First) (Middle) (SSN)
(DOB)

Guarantor Name:

(Last) (First) (Middle) (SSN)
(DOB)

Address:

(Street) (City) (State) (Zip)

(Phone)

II. Household Information

Marital Status (circle one)	Married	Single	Separated	Total in Household: _____
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Dependent Name(s)	Dependent Date of Birth

III. Employment/Income

Patient/Guarantor Employer:
Gross Monthly Income Amount: \$
Income Source <i>(Please attach verification or explanation of current situation)</i>
Other Income Source and Gross Monthly Amount: \$
Total Annual Gross Household Income: \$

IV. Insurance Verification

Do you have any health insurance?	Yes	No
Name of Insurance Company:		
Are you employed?	Yes	No
Give names of last 2 employers and dates of employment		

