Financial Hardship Application

To be considered for a financial hardship waiver, please complete this application, and provide appropriate documentation for proof of income. It will be compared to our official policy requirements and national poverty standards. Determinations of this financial hardship waiver will be in writing.

Please complete the following form and submit all necessary supporting documentation to our office. For your security, we recommend that this sensitive information be delivered to the billing manager by mail or email:

Med-Lake Laboratory, Attention: Billing Manager

100 Industrial Park Dr. Milledgeville, GA 31061

-or-

billing@medlakelab.com

All information relating to this application are kept completely confidential and will only be used to determine eligibility.

Account Number _____ **(office use only)**

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ SS#: _____

Home Address: _____ Apt #:_____

City: _____ State: _____ Zip:_____

Home Phone: _____ Work Phone: _____

Other Contact: _____

Insurance Information: o I do not have insurance o I do have insurance (please list information below)

Primary Insurance: _____ ID# _____

Secondary Insurance _____ ID# _____

Please answer all the following questions:

Employment Status: X Employed o Unemployed. If so, how long? _____ o Retired o Disabled

Number of family members or others living in the household: _____

Briefly explain why you are unable to pay your medical bill(s): _____

_____

_____

_____

Financial Hardship Application

Monthly Income and monthly debt: Please use attached worksheet to list this information.

Please submit TWO of the following documents

- ☐ Copies of pay-stubs (3 months)
- ☐ Copy of bank statements (3 months)
- ☐ Employment verification letter including YTD earnings and pay rate

I hereby certify that no other source, including Medicaid, welfare program, parent or other person or program is legally responsible for my bills. I certify that the information on this form and supporting documentation is true and correct. I authorize Bridge Builders Counseling Center to verify any information contained in this document for the sole purpose of assessing financial need.

_____ _____

Applicant Signature Date:

For Office Use Only – DO NOT WRITE IN THIS BOX

Document received on _____ (date) by _____

(Name/Title)

Application: o Approved o Denied by _____

(signature or provider or office manager)

o Notification sent to patient on _____ (date)

o Application Filed in Chart by _____

Financial Hardship Application

Monthly Income and Debt Worksheet

Monthly Income	**Total Income Last Month**	**Average Monthly Income**
Your Income		
Spouse Income		
Total Combined	$ -	$ -

Secured Debt	**Payment Made**	**Minimum Payment**
Mortgage 1		
Mortgage 2		
Auto Loan 1		
Auto Loan 2		
Auto Loan 3		
Boat/Rec Loan		
Student Loan 1		
Student Loan 2		
Student Loan 3		
Misc Loan		
Total Secured Debt	$ -	$ -

Unsecured Debt	**Payment Made**	**Minimum Payment**
Credit Card 1		
Credit Card 2		
Credit Card 3		
Credit Card 4		
Credit Card 5		
Credit Card 6		
Credit Card 7		
Credit Card 8		
Personal Loans		
Total Unsecured Debt	$ -	$ -

Utilities	**Payment Made**	**Minimum Payment**
Gas		
Electric		
Garbage		
Water		
Telephone (Cell Phone)		
Internet		
Cable		
Satellite		
Total Utilities	$ -	$ -

Insurance	**Payment Made**	**Minimum Payment**
Auto		
Life		
Medical		
Disability		
Misc		
Total Insurance	$ -	$ -

MISC	**Payment Made**	**Minimum Payment**	
Monthly Medical Bills			
Monthly Perscription Cost			
Monthly Child Support Payment			**Must have proof
Monthly Alimony Payment			**Must have proof

Total Amounts	**Payment Made**	**Minimum Payment**
Total Amount of Bills Pd	$ -	$ -
Cash After Bills Pd	$ -	$ -