



# MEDICAL FINANCIAL HARDSHIP FORM

## THE POLICY

Advanta Analytical Laboratories has established this policy in an order to maintain consistency in assisting uninsured, indigent and those patients with substantial financial issues who request a reduction or waiver of certain medical charges.

Co-payments, deductibles, or other owed amounts that are the patient's responsibility under the rules of the Medicare, Medicaid or any other governmental or commercial third-party payer may not be waived, except on a case by case basis upon a determination of financial need. Routine waiver of co-payment, deductible, or other owed amounts may be a violation of federal law and is a violation of Advanta Analytical Laboratories policy.

## DOCUMENTATION

You will be required to provide documentation to Advanta Analytical Laboratories in order to assist us in determining a decision regarding reduction or waive of charges owed for services provided by Advanta Analytical Laboratories.

<input type="checkbox"/>	W-2 withholding statements or Unemployment check stubs for the past 90 days.
<input type="checkbox"/>	Pay check stubs for the past 90 days for all persons employed in the home.
<input type="checkbox"/>	Proof of all other income received in the past 90 days.
<input type="checkbox"/>	Proof of all outstanding debts or bills (copies of bills, statements, late notices).
<input type="checkbox"/>	Proof of Bankruptcy settlement (if applicable).
<input type="checkbox"/>	Other (Please describe other circumstances): <hr/> <hr/> <hr/>



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## FINANCIAL HARDSHIP APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## APPLICANT QUESTIONS

1

Are you receiving any type of assistance from local, county, state or federal government agencies? If yes, what types of assistance are you qualified to receive?

- No
- Yes – \_\_\_\_\_

2

If not, do you qualify for assistance from local, county, state or federal government agencies? If so, what types of assistance are you qualified to receive?

\_\_\_\_\_

3

Do you have other health insurance that covers health related products or services? If "Yes", please list the companies and policy numbers.

- No
- Yes – \_\_\_\_\_

4

Is a guardian or anyone else legally responsible for your medical bills? If "Yes", please list name, address and phone numbers of this person:

- No
- Yes – \_\_\_\_\_

5

Are you employed? If "Yes", please provide employer's name, address and phone number:

- No
- Yes – \_\_\_\_\_

\_\_\_\_\_

What is your pay period?

- Weekly
- Bi-weekly
- 1st & 15th
- Other: \_\_\_\_\_

What is your Gross per pay period? \_\_\_\_\_

What is your Net per pay period? \_\_\_\_\_

6

Do you own your home?

- No
- Yes

Are you still making payments on it?

- No
- Yes – Monthly payments are: \_\_\_\_\_

## THE HUMAN ADVANTAGE

IN LABORATORY TESTING

CLIA #: 45D2063134 | CLIA #: 45D2072790 | www.aalabs.com



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## APPLICANT QUESTIONS - (CONTINUED)

7

How much do you have in savings to which you have immediate access? \_\_\_\_\_

8

What are your monthly net income from?

Your Employment: \_\_\_\_\_

Social Security: \_\_\_\_\_

Retirement: \_\_\_\_\_

Investments: \_\_\_\_\_

Other: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

9

What are your monthly expenses?

Rent/House payment \_\_\_\_\_

Utilities: \_\_\_\_\_

Car payment: \_\_\_\_\_

Other Transportation: \_\_\_\_\_

Food: \_\_\_\_\_

Medical bills: \_\_\_\_\_

Other: \_\_\_\_\_

Total Monthly Expenses: \_\_\_\_\_

## APPLICANT ACKNOWLEDGMENT AND SIGNATURE

I certify that the above information is true and correct. I request that you consider me for reduction or waiver of charges/balance.

Signature

Date

Signature of representative if patient is unable to sign

Relationship to Patient

Reason patient is unable to sign

## FOR OFFICE USE ONLY

Reduction of Charges/Balance:  Approved  Denied

Waiver of Charges/Balance:  Approved  Denied

% of Reduction: \_\_\_\_\_

% of Waived: \_\_\_\_\_

Reduction in effect for date(s) ONLY: \_\_\_\_\_

Waiver in effect for date(s) ONLY: \_\_\_\_\_