

Please fill out the attached application for financial assistance the additional information below will need to be returned with the completed application to determine if you qualify for our assistance program:

- Proof of income for you and each person in your household, such as copies of pay stubs showing year-to-date income amount, copies of social security benefits, alimony checks and your most recent income tax return including W2's.
- Copies of your latest statements that reflects beginning-ending balances for accounts such as checking and saving accounts, CD's, stocks and bonds.

Please send copies and not the originals. If you or your family participates in any of the following programs, you can send us proof of your participation in the program along with proof of income listed above.

- Medicaid
- Food Stamps

To keep your account out of collections, please send us your application and proof of income within 14 DAYS of this letter.

If you or your spouse are not working, please send a notarized statement explaining your situation and the time period involved. If you have any questions regarding the application, please contact our office at (270)745-1100. Our business office hours are from 8:00 a.m. to 4:30 p.m., Monday thru Friday.

Sincerely,

Customer Service



# FINANCIAL ASSISTANCE APPLICATION

Date: \_\_\_\_\_

FULL NAME OF PATIENT			SPOUSE'S NAME		
ADDRESS			PREVIOUS ADDRESS		
CITY, STATE, ZIP			CITY, STATE, ZIP		
HOW LONG	HOME PHONE	PHONE (RELATIVE)	EMPLOYER PHONE		
DEPENDENT'S NAMES & AGES			EMPLOYER	HOW LONG	MONTHLY INCOME (Gross)
			SPOUSE'S EMPLOYER		
			OTHER SOURCE OF INCOME		
			Prescription Expense Annually \$		

**CURRENT ASSETS**

(CIRCLE) Checking   Y   N   Amount \$ _____	(CIRCLE) Stocks   Y   N   Amount \$ _____
Savings   Y   N   Amount \$ _____	Bonds   Y   N   Amount \$ _____
Other   Y   N   Amount \$ _____	CDs   Y   N   Amount \$ _____

Please attach proof of above-listed assets.

Signature and date is required to certify that above information provided on this document is valid.

Guarantor \_\_\_\_\_