



## Pullman Family Medicine Application for Financial Hardship

This application has been prepared to assist Pullman Family Medicine in determining reasonable options for payment of medical services. It will be reviewed by the Business Office Manager and the Practice Administrator to establish eligibility. The information contained herein, will be held to Pullman Family Medicine's strict confidentiality policy and will be used only to determine payment options and hardship adjustments.

The guarantor must complete this application in its entirety and attach appropriate documentation in order to be processed. Without this documentation, this application will not be considered complete, your application will be denied and collection policies will be followed.

***You must attach the following information in order to be considered.***

- Copy of your last year's tax return. –If you did not file taxes, you must provide a letter from the IRS stating that you did not file a return. IRS # 1-800-829-1040.
- Three current pay stubs, including spouse if applicable.

Please complete the information herein and return to Pullman Family Medicine within 14 days. A determination will be made within 14 days of receipt.

If you do not receive a response within 14 days, or require assistance in completing this application, please call Pullman Family Business Office at #509-334-4867.

In order for Pullman Family Medicine to provide fair and legal payment options for all patients, we use the national poverty level guidelines published by HHS as a guide. We offer hardship adjustments on a sliding scale based on these guidelines and the supporting documentation that you provide with your application.

**Guarantor Information:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Years at Current Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address and Phone \_\_\_\_\_

Years at Current Job \_\_\_\_\_ Supervisor's Name and Phone No. \_\_\_\_\_

Average Number of Hours per week \_\_\_\_\_ Wages per Hour \_\_\_\_\_

**Spouse Information:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Years at Current Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address and Phone \_\_\_\_\_

Years at Current Job \_\_\_\_\_ Supervisor's Name and Phone No. \_\_\_\_\_

Average Number of Hours per week \_\_\_\_\_ Wages per Hour \_\_\_\_\_

**Dependant Information:**

Using Legal Names, please list everyone (including yourself) living at your address.

Please do not use nicknames.

<u>Name</u>	<u>Relationship to You</u>	<u>Age</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		



