

ELMENHURST Chiropractic

Financial Hardship Application

In consideration of my particular chiropractic needs and expenses to be incurred solely based on such needs, and my financial ability to pay for such recommended services with or without insurance coverage, I hereby declare that I have financial difficulty to pay for part or all of my healthcare expenses in this office because of the following:

- Income that meets hardship policy Loss of job or inability to work _____
- Other _____

In light of the foregoing, I hereby agree to the following:

1. I will not seek reimbursement for the services rendered to me under this arrangement from any insurance company, employer, welfare program, government entitlement program (Medicare or Medicaid), Workers' Compensation program or other third-party payer.
2. If any third-party payer responsible for all or part of the payment due as a result of services rendered under this Agreement contacts me, I will notify such payer of this arrangement and the reduced fees achieved as a result of the Agreement.
3. If the financial circumstances which cause me to qualify for financial hardship under this Agreement change, I will immediately notify my doctor in order to allow them to determine whether my financial status will then allow me to pay usual and customary charges for the services which I receive from that date forward.

I understand that continued treatment under this hardship agreement will be dependent upon me following the instructions and recommendations of my treating provider. I have read and agree to the above terms and have provided with this application the available documentation (see below) to establish need for hardship assistance.

Patient Name _____ Patient Signature _____ Date ____/____/____

Documentation Requirements

When you believe you qualify for hardship fee reduction based on income, documentation is required to determine level of discount. Please provide the following supporting documents:

- Copy of previous year's tax return**
- Copy of paycheck stubs and/or 1099's for previous two months**
- Copy of bank statements (checking & savings) for previous two months**
- Copy of documentation for any State/Federal Assistance, ie: EBT, Housing, Utilities, etc.**
- If you do not have one or more of these items please write a letter explaining the situation**
- If you are being supported by someone please have them write and sign a letter of explanation**

When you believe you qualify for hardship fee reduction based on other extraordinary circumstances, please provide documentation that establishes such circumstances.