

Bridge Builders Counseling Center
311 Judges Rd. Building 1, Unit E
Wilmington, NC 28405
Phone: 910-792-9888 Fax: 910-792-9883

FINANCIAL HARDSHIP APPLICATION

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

Please complete the following form, and submit all necessary supporting documentation to our practice. For your security, we recommend that this sensitive information be delivered in person to our practice.

Continued Eligibility: If a waiver is granted, it will automatically expire after a period of 6 months.

Periodically, you may be required to re-certify your financial status. If any of the information that you have provided proves to be untrue, we will promptly reevaluate your financial status and take action necessary to collect on your account. If granted, a waiver may be immediately revoked by the practice, without advance notice, for any reason.

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 I do not have insurance I do have insurance (please list information below)

Primary Insurance: _____ ID# _____

Secondary Insurance _____ ID# _____

Please answer all the following questions:

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

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

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

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.
- Copy of Federal & State Tax Returns or W-2 statements for past 2 years

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 Approved Denied by _____
(signature or provider or office manager)

Notification sent to patient on _____ (date)

Application Filed in Chart by _____

Monthly Income and Debt Worksheet

Monthly Income

Your Income
Spouse Income
Total Combined

Total Income Last Month	Average Monthly Income
\$ -	\$ -

Secured Debt

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

Payment Made	Minimum Payment
\$ -	\$ -

Unsecured Debt

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

Payment Made	Minimum Payment
\$ -	\$ -

Utilities

Gas
Electric
Garbage
Water
Telephone (Cell Phone)
Internet
Cable
Satellite

Total Utilities

Payment Made	Minimum Payment
\$ -	\$ -

Insurance

Auto
Life
Medical
Disability
Misc

Total Insurance

Payment Made	Minimum Payment
\$ -	\$ -

MISC

Monthly Medical Bills
Monthly Perscription Cost
Monthly Child Support Payment
Monthly Alimony Payment

Payment Made	Minimum Payment

****Must have proof**
****Must have proof**

Total Amounts

Total Amount of Bills Pd
Cash After Bills Pd

Payment Made	Minimum Payment
\$ -	\$ -
\$ -	\$ -