



MADRAS

PHYSICAL THERAPY

ORTHOPEDIC & NEUROLOGIC REHABILITATION

Patient Information			
Last name	First Name	M.I.	Date
Street Address			Apt/Unit #
City	State		ZIP
Home Phone	Cell Phone	Work Phone	

Household Information				
Please list anyone living in your household (including applicant). Income includes gross wages, child support, alimony income, rental income, unemployment compensation, social security benefits, public/government assistance, etc. (Income				
Household Members	Age	Relationship to Patient	Source of Income or Employer Name	Monthly Income
1				
2				
3				
4				
5				
6				
Total Monthly Household Income:				

Patient Medical Debt		
Please indicate sources and amounts of medical debt that you currently owe.		
Source of Debt/Lender	Total Owed	Monthly Payments
1		
2		
3		
Total Extraordinary Debt		
(total debt and monthly payments)		
Total Monthly Household Income		
(see total household income from above)		
Net Monthly Income After Extraordinary Expenses		
(monthly income after payment of monthly extraordinary expenses)		
Net Monthly Income After Medical And Extraordinary Debt		
(monthly income after monthly medical and extraordinary expenses)		

Other Extraordinary Expenses/Debt

Please indicate other extraordinary expenses or debt that you currently owe that are *not* part of your basic living expenses. Extraordinary expenses are those expenses that are above and beyond your basic living expenses and therefore exclude such items as rent, mortgage, car payments, groceries, etc.

Source of Extraordinary Expense/Debt	Total Owed	Monthly Payments
1		
2		
3		
Total Extraordinary Debt		
(total debt and monthly payments)		
Total Monthly Household Income		
(see total household income from prior page)		
Net Monthly Income After Extraordinary Expenses		
(monthly income after payment of monthly extraordinary expenses)		
Net Monthly Income After Medical and Extraordinary Debt		
(monthly income after monthly medical and extraordinary expenses)		

Documentation of Patient Income

Our practice is required by federal law to collect documentation of patients' financial hardship. In accordance with these requirements, please submit the documentation listed below. If you are unable to include any of the items, please provide a note of explanation. The application will not be processed until all of the requested information is received.

Source of Debt/Lender	Please check if attached
1. Please provide copies of one of the following: 1. Copies of the most recent income information for each person in your household including pay stubs, Social Security unemployment, retirement, etc for the last three (3) months; OR 2. copies of the most recent Federal and State income tax returns for each person in your household. Please provide copies of the entire return. If you are self-employed, include the entire Schedule C.	
2. Documentation of medical debt identified previously.	
3. Documentation of extraordinary expenses or debt identified previously.	
4. If you are unable to include any of these items, please provide a note of explanation at the end of this application.	

Patient Notes/Explanations:

Authorization	
I hereby certify the information contained in the above financial assistance application is correct and complete to the best of my knowledge. by submitting this application for assistance, I am giving Madras Physical Therapy consent to make necessary	
Responsible Person's Signature:	Date:

