PATIENT FINANCIAL HARDSHIP APPLICATION

BJ Palmer Chiropractic Clinic

PATIENT INFORMATION

Patient Name	Date of Birth	Social Security Number
Home Address (e.g., P.O. Box or Street, City, State, Zip)		
Home Phone	Work Phone	Cell Phone
Number of Persons Living in Household (Including Patient):	______ Adults	______ Children
Date(s) of Service		
Name of Person Completing Form (if not pt.)	Relationship to Patient	Telephone

EMPLOYMENT INFORMATION

	Patient/ Guarantor #1	Spouse/ Guarantor #2
	Employed ☐ Unemployed ☐ Start Date: ______ Retired ☐ Start Date: ______	Employed ☐ Unemployed ☐ Start Date: ______ Retired ☐ Start Date: ______
Employer #1 (Incl. Name & Adress)		
Employer #2 (Incl. Name & Adress)		
Employer #3 (Incl. Name & Adress)		

FINANCIAL DATA

INCOME	Patient/ Guarantor #1	Spouse/ Guarantor #2
1. Gross salaries, wages before taxes		
2. Business Income		
3. Rental Income		
4. Investment Income		
5. Income from Estates/Trusts		
6. Alimony Income		
7. Child Support		
8. Social Security		
9. Aid to Dependent Children		
10. Public Assistance Income		
11. SSI/ Disability		
12. Pension		
13. Other Income (List amount/source)		
14. Other Income (List amount/source)		
TOTAL INCOME ALL SOURCES		

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Assets	Patient/ Guarantor #1	Spouse/ Guarantor #2
1. Cash on Hand		
2. Checking Account(s) balance		
3. Savings Account(s) balance		
4. Mutual Fund Current Value		
5. Stocks Current Value		
6. Bond(s) Current Value		
7. Home - Assessed Value		
8. Rental Property - Assessed Value		
9. Business Property - Assessed Value		
10. Auto #1 Value - Make, Model, Yr		
11. Auto #2 Value - Make, Model, Yr		
12. Auto #3 Value - Make, Model, Yr		
13. Auto #4 Value - Make, Model, Yr		
14. Boat(s) est. Value		
15. Cash Value of Life Insurance		
16. Cash Value of Pension		
TOTAL ASSETS		

Expenses	Patient/ Guarantor #1	Spouse/ Guarantor #2
1. Rent/ House Payment		
2. Car/Truck Payments		
3. Car Insurance		
4. Utilities (electric/phone/gas/water)		
5. Food/Clothing		
6. Credit Card Payments		
7. Loan Payments (Bank/School)		
8. Health/ Dental Insurance		
9. Child Care		
10. Child Support Payments		
11. Life Insurance		
12. Property Insurance		
13. Property Tax		
14. Medical Fees (Dr, Rx, Hospital)		
15. Other		
16. Other		
TOTAL EXPENSES		

PATIENT ACKNOWLEDGEMENT & SIGNATURE

I acknowledge that the information given herein is true and correct. I authorize BJ Palmer Chiropractic to verify any information contained in this document for the sole purpose of assessing financial need.

Signature of Patient or Legal Representative	Date	Relationship to Patient: ☐ Self ☐ Other ______

NOTE: Additional documentation requirements are listed on the next page.

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DOCUMENTATION REQUIREMENTS

Appropriate documentation of financial harship requires the following:

1. Income and Assets Documentation, including:
   - W-2 withholding statements or unemployment check stubs for the past 90 days
   - Pay check stubs for the past 90 days for all persons employed in the home
   - Income tax return (most recent signed 1040 and/or W2
   - Proof of all other income received in the past 90 days
   - Application Forms from Medicaid or other State-funded medical assistance program
   - Forms from employers or welfare agencies

2. Evidence of additional circumstances that indicate financial hardship, such as:
   - Proof of all outstanding debts or bills (copies of bills, statements, late notices, etc.)
   - Proof of bankruptcy settlement (if applicable)
   - Catastrophic situations (death or disability in family, divorce) or other documentation which demonstrates the patient would be unable to pay medical bills and still be able to pay for other basic necessary expenses.

3. Please describe other circumstances supporting your financial hardship: ______________________

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BJ PALMER CHIROPRACTIC STAFF USE ONLY.

Review Comments:

Financial Hardship Verified? ☐ Yes ☐ No

If Yes, percent reduction of charges: __________ Other: ______________________

Reviewer's Name	Signature	Date