Financial Verification Form

Patients to fax completed form and proof of income to (321) 890-1819

Name: _____ Phone: _____

Address: _____ Age: _____

_____ Surgery Date(s): _____

Procedure description: _____

Are You?	**Are You?**	**Are You?**
☐ Married	☐ Homeowner	☐ Retired
☐ Widowed / Single	☐ Renter	☐ Employed
☐ Separated	☐ Boarder	☐ Unemployed
☐ Divorced	☐ Assisted Living	

Number of dependents, including yourself? _____

Monthly Household Income

Earnings from Employment	$
Earnings from Unemployment Compensation	$
Earnings from Workers' Compensation	$
Earnings from Social Security Administration	$
Earnings from Child Support/Alimony	$
Earnings from Pension or Retirement	$
Earnings from Rental Real Estate	$
Earnings from spouse or other household members	$
Earnings from other income not listed above _____	$
Total Monthly Income	**$**
	X 12 months
Total Annual Income	**$**

List Primary Insurance Coverage / Comments below:

_____

- **I certify that everything I have stated on this financial verification form and any attachments are correct.**
- **I certify that I am a US citizen and resident in the state in which the ASC resides.**
- **I understand that I must update this information if any financial condition changes.**
- **The falsification of data may result in the reversal of any adjustments.**
- **This agreement is good for 90 days and is applicable for all dates of service within 90 days of the original date of service**.

_____ _____

Patient or Authorized Party Signature **Date**

Please note: In order to qualify for a Financial Hardship adjustment, you must provide proof of last three (3) months household income (pay stubs, tax returns, social security pay stubs, etc) and any valid insurance information.

Center staff to fax completed form along with proof of income to (321) 890-1819

Facility Use Only

Approved _____ Discount % _____

Denied _____ Reason for Denial

_____

Appealed ( ) Yes ( ) No

Approved after Appeal _____

Denied after Appeal _____

Regional Vice President _____
(Signature)

Facility Administrator/ ASC Director _____
(Signature)

Business Manager _____
(Signature)