Application for Financial Assistance

The financial screening process requires disclosure of income and insurance status.
To apply for assistance, you will need:
1) ID & Proof of Texas Residency 2) Proof of earnings (if applicable)

Name: _____ DOB: _____

Are you covered by ANY insurance? ☐ Yes ☐ No

If YES, which provider? _____

Deductible: _____ Out of Pocket Limit: _____

Do you have Medicare Part B? ☐ Yes ☐ No

Do you have Medicaid? ☐ Yes ☐ No

Have you recently applied for Medicaid? ☐ Yes ☐ No

If YES, when? _____ Total # of people in your household: _____

HOUSEHOLD INCOME:

Salary / Wage	$	☐ Week; ☐ Biweekly; ☐ 2 x Month; ☐ Month; ☐ Year	
Social Security	$	☐ Month; ☐ Year	
Other income	$	☐ Month; ☐ Year	$ -

I receive no income, and am 100% financially supported by others. ☐

I confirm that I have lived in one of Brazos, Robertson, Grimes, Washington, Burleson, Madison, Leon, Walker & Montgomery Counties for _____ Months / Years, and intend to continue to reside in Texas.

I hereby certify that all the above information is correct to the best of my knowledge.

Patient Name _____ Patient Signature _____ Date _____

· Extenuating circumstances may be considered. Request for special consideration must be submitted in writing. Decisions will be made by the Financial Assistance Committee within 10 days, or sooner if medically necessary.

OFFICE USE ONLY

CPRIT ID #:

MORE INFO NEEDED
ENTER INSURANCE

☐ Proof of ID / TX Residency ☐ Proof of Income (or attestation)

Staff Name _____ Staff Signature _____ Date _____

☐ PAP Test ☐ Colposcopy ☐ LEEP ☐ Breast Biopsy ☐ HPV Vaccination ☐ Mammogram