

It is the policy of AdventHealth Manchester provider-based physician practices and primary care clinics, to provide essential services regardless of the patient's ability to pay. Discounts are offered based upon family income and size. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

Patient Name		DOB	SS#	
Name of Responsible Party (if patient is a minor)		DOB	SS#	
Street	City	State	Zip	Phone
Place of Employment		Health Insurance Plan <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____		

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Total Annual Family Unit Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tip, etc.				
Social security, pension, annuity, and veteran's benefits				

Source	Self	Spouse	Other	Total
Alimony, child support, military family allotments				
Income from business self employment, and dependents				
Rent, interest, dividend, and other income				
Total Income				

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved.

Name (Print) Date

Signature

Verification Checklist (attach copies)	Yes	No
Identification/Address: Driver's license, birth certificate, employment ID, social security card or other	<input type="checkbox"/>	<input type="checkbox"/>
Income: Prior year tax return, three most recent pay stubs, or other	<input type="checkbox"/>	<input type="checkbox"/>
Insurance: Insurance card(s)	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid: Application made or evidence of rejection	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only	
Patient Name	<input type="text"/>
Discount	<input type="text"/>
Date of Service	<input type="text"/>
Approved by	<input type="text"/>



56 Marie Langdon Drive
Manchester, KY 40962

Family Assistance Plan Application

Patient Identification Label

Place Label Here