

FINANCIAL ASSISTANCE APPLICATION

All information is subject to verification and EPPA may contact you for additional supporting documentation. Information contained in the application will remain strictly confidential and will be part of your medical records.

PERSONAL HISTORY

*Annual Income:		Account Number:		
Family Size:	*Please attach income documentation with application: two most recent pay stubs, or most recent federal income tax form 1040.	Patient Name:		
		Address:		
		City:	State:	Zip Code:

MONTHLY EXPENSES

Mortgage/Rent:		Groceries:
Insurance:		Gas:
Utilities:		Other:
Loans:		
Car Payments:		
Credit Card Payments:		

OTHER EXTENUATING CIRCUMSTANCES

Signature:	Date:
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In order to be considered for EPPA's financial assistance program, please provide the requested information within 10 business days. Once this information is received and processed, you will be notified of our decision regarding the adjustment on your balance.

Thanks,

Patient Financial Services
 Emergency Physicians, PA
 Phone: 952-857-1500
 Fax: 952-835-4403
 Email: PFS@emer-phys.com