



1102 JEFFERSON STREET
ROANOKE, VA 24016

FINANCIAL ASSISTANCE APPLICATION

DATE: _____ ACCOUNT: _____ SURGEON: _____

PATIENT NAME: _____ SOCIAL SECURITY #: _____

PATIENT ADDRESS: _____ PHONE: _____

HEAD OF HOUSEHOLD: _____ SOCIAL SECURITY #: _____

ANNUAL INCOME\$: _____ SOURCE: _____

SPOUSE NAME _____ SOCIAL SECURITY#: _____

ANNUAL INCOME\$: _____ SOURCE: _____

TOTAL NUMBER IN HOUSEHOLD: _____

OTHER INCOME/ASSETS: _____

SOCIAL SECURITY/PENSION: _____ CHILD SUPPORT: _____

CHECKING ACCOUNT BALANCE: _____ SAVINGS ACCOUNT BALANCE: _____

CD=S, IRA=S, STOCKS, BONDS, INTEREST & INVESTMENTS: _____

RENTAL PROPERTY & OTHER REAL ESTATE: _____

OTHER: _____

TOTAL HOUSEHOLD INCOME: \$ _____

*****ATTACH COPY OF COMPLETE FEDERAL TAX RETURN – OR YOUR NON-FILING STATUS*****

HOUSE PAYMENT/ RENT PAYMENT	
HOME OWNERS/RENTORS INSURANCE	
AUTO INSURANCE	
ELECTRICITY/GAS	
WATER	
PHONE	
CAR PAYMENT	
FOOD	
CABLE	
OTHER MISC. (PLEASE SPECIFY)	

TOTAL EXPENSES _____

SIGNATURE- I CERTIFY THAT EVERYTHING I HAVE STATED ON THIS APPLICATION AND ON ANY ATTACHMENTS IS CORRECT. YOU MAY KEEP THIS APPLICATION WHETHER OR NOT IT IS APPROVED. BY SIGNING BELOW, I AUTHORIZE YOU TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS OTHERS MAY ASK ABOUT MY CREDIT RECORD WITH YOU. I UNDERSTAND THAT I MUST UPDATE CREDIT INFORMATION AT YOUR REQUEST IF MY FINANCIAL CONDITION CHANGES. **THE FALSIFICATION OR ELIMINATION OF DATA MAY RESULT IN A DENIAL OR REVERSAL OF ANY FINANCIAL ASSISTANCE.**

Signature _____ Date _____

**ROANOKE AMBULATORY SURGERY CENTER
1102 JEFFERSON STREET
ROANOKE, VA 24016**

Please find enclosed a financial assistance application from Roanoke Ambulatory Surgery Center, LLC. Please complete and return immediately.

If you fall in the following annual income guidelines, and meet eligibility criteria, your balance with Roanoke Ambulatory Surgery Center, LLC may be partially or completely written off:

For a family of _____	Making
1-----	less than \$36,180.00
2-----	less than \$48,720.00
3-----	less than \$61,260.00
4-----	less than \$73,800.00
5-----	less than \$86,340.00
6-----	less than \$98,880.00
7-----	less than \$111,420.00
8-----	less than \$123,960.00

The application will need to be completed and returned along with a copy of this year's 1040 Federal Tax return. If you did not file a Federal Tax return then you will need to contact the IRS and request a notice of non filing. This can be done by calling the IRS at 1-800-829-1040 or visiting their website at www.irs.gov. You may obtain this information instantly online or select to have the information mailed to you. Please let our office know if you experience difficulty with this, we can direct you step by step with this process.

If you are currently working, you may provide us with your last 3 paycheck stubs and any other proof of income including but not limited to Unemployment benefits, Short or Long Term Disability, Social Security Disability, child or spousal support, etc. **This does not take the place of your tax filling. This will serve as proof of any income changes since your filing and does not substitute the need for your tax return. Please also note, tax returns that are self-prepared, typed or handwritten will not be accepted. We must receive the original filing with the water stamp "Client Copy" or "Do Not File" from your tax preparer. If those are not available then you will need to request a copy of your tax transcript from the IRS.**

Please return this information to us as quickly as possible. If you are without insurance this information will need to be received along with your application prior to your surgery so that a decision for assistance and or payment arrangements can be made.

If applications are received with hand written tax returns or N/A listed in all fields the application will be denied and you will be asked to provide proper documentation.

Attach copy of most recent Federal Tax Return.

If you do not file taxes please call the IRS at (1-800-829-1040) Option 1, Option 2, Options 1, and Option 4, option 2, enter Social Security number and hold for a representative to request a Notice of Non-filing. This will be mailed to your attention and could take several days. Having this information faxed to you is no longer an option. UNLESS you tell them that you are standing by the fax machine.

To request a copy of your tax transcripts call the IRS at (1-800-829-1040) Option 1, Option 2, Options 1, and Option 4, option 2, enter Social Security number, Option 3 then follow prompts.

The other option is to go online at <http://www.irs.gov> click on “TOOLS” then click on **Get Transcript for My Tax Records**. You will be able to register and can either request transcripts be mailed to you or you can obtain this information instantly online and print off.

You will then need to submit copies of all paycheck stubs over the past three months for all household members. If you do not have these, you can obtain copies from your employer(s).

Please complete the information requested below:

Other Income/Assets:	\$
Social Security/Pension Received:	\$
Child Support Received:	\$
Checking Account Balance:	\$
Savings Account Balance:	\$
CD's, IRA's, Stocks, Bonds, Interest & Investments: _	\$
Income from Rental Property and/or other Real Estate:	\$

All information must be received in order to process your application.

Failure to provided the required information may result in an automatic denial or cause a delay in the decision making process.

Any discrepancy in income must be explained. Additional information may be required. Your application will not be processed until all required information is received.

If you have any further questions please contact our office at 1 (540) 342-0707.

Sincerely,

Business Office Staff of Roanoke Ambulatory Surgery Center, LLC