

Financial Hardship Application Form

Patient Name: _____

Today's Date: _____

Printed name of person financially responsible: _____

Address: _____

Street Address

City

ZIP

Phone Number: (____) _____ - _____ Circle: Cell / Home Text: YES / NO

DEVICE TYPE : _____

TOTAL OUT-OF-POCKET DUE: \$ _____

HOW MUCH I CAN PAY: \$ _____ (REQUIRED)

Annual Income: \$ _____

Please include a copy of one of the following*:

- 1 - Last two pay stubs.
- 2 - Previous year's income tax return (pages indicating gross income and number of dependents).
- 3 - Previous year's W2s.
- 4 - Annual Statement of Social Security Income
- 5 - Unemployment Compensation Form
- 6 - Written statement from one or more public welfare agencies verifying income status.

*Provision of financial documentation is not required but is encouraged for hardship approval.

Reason for assistance:

I attest that I qualify for a Hardship Waiver. All information above is true and accurate. If personal financial information is not provided, Compass Limb & Brace, LLC reserves the right to request income verification to finalize approval. Financial Hardship Applications will be processed within 7 to 10 business days.

Signature: _____

Date: _____

Hardship Eligibility Chart**

Persons per household:	Yearly Income	Monthly Income	Weekly Income
1	23,107.00	1,926.00	445.00
2	31,284.00	2,607.00	602.00
3	39,461.00	3,298.00	759.00
4	47,638.00	3,970.00	917.00
5	55,815.00	4,652.00	1,074.00
6	63,992.00	5,333.00	1,231.00
7	72,169.00	6,015.00	1,388.00
8 or more	80,346.00	6,696.00	1,546.00

**Patients who do not meet these income guidelines can request an administrative review for reconsideration with submitted proof of income.

**Diabetic Shoes and inserts do not qualify for Hardship Waiver.