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Description automatically generated

Please MAIL or FAX the Completed Form AND Supporting Documentation To:

Radiation Business Solutions

1044 Jackson Felts Rd, Joelton, TN 37080

Fax: 907-802-6136

For questions, please call; (907) – 302-4845

Or email: Financialassistance@radiationbusiness.com

**APPLICATION OF FINANCIAL ASSISTANCE**

1. Patient Information

|  |  |
| --- | --- |
| Patient Name: | Acct#: |
| Address: | Birthdate: |
| City, State, Zip: | |
| Email: | Phone: |
| Marital Status: 🞏 SINGLE 🞏 MARRIED 🞏 DIVORSED 🞏 SEPERATED 🞏 WIDOWED | |

1. Financial Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INCLUDE GUARANTOR, SELF,  SPOUSE AND DEPENDENTS  CLAIMED ON TAXES | DATE  OF BIRTH | RELATION  TO  PATIENT | MONTHLY GROSS INCOME | SOURCE OF INCOME |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

TOTAL MONTHLY GROSS INCOME: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| IF YOU DO NOT HAVE MONTHLY WAGES LISTED ABOVE, PLEASE EXPLAIN HOW YOU TAKE CARE OF YOUR MONTHLY LIVING EXPENSES: |

IF UNEMPLOYED, PROVIDE THE DATE EMPLOYMENT ENDED \_\_\_\_\_\_\_\_\_\_\_ HAVE YOU APPLIED FOR UNEMPLOYMENT or COBRA? 🞏 YES 🞏 NO

HAVE YOU APPLIED/BEEN APPROVED FOR MEDICAID OR DISABILITY? 🞏 YES 🞏 NO

|  |  |  |
| --- | --- | --- |
| CHECKING ACCOUNT:  🞏 YES 🞏 NO | BANK NAME:  LOCATION: | ACCOUNT BALANCE:    $ |
| SAVINGS ACCOUNT?  🞏 YES 🞏 NO | BANK NAME:  LOCATION: | ACCOUNT BALANCE:    $ |
| STOCKS, BONDS, IRA’s, 401K, CD:  🞏 YES 🞏 NO | BANK NAME:  LOCATION: | ACCOUNT BALANCE:    $ |

DO YOU 🞏 RENT 🞏 OWN YOUR PRIMARY RESIDENCE? MONTHLY PAYMENT (RENT OR MORTGAGE):

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU OWN, PROVIDE VALUE OF PRIMARY RESIDENCE (DOCUMENTATION NOT REQUIRED):

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU OWN OTHER REAL ESTATE PROPERTY? 🞏 YES 🞏 NO IF YES, PROVIDE VALUE:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU OWN PERSONAL PROPERTY? 🞏 YES 🞏 NO

LIST ALL CARS, BOATS, TRUCKS, MOTORCYCLES, CAMPERS, MOBILE HOMES, ETC.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM: | MAKE / MODEL: | YEAR: | MTHLY PAYMENT:  $ | VALUE:  $ |
| ITEM: | MAKE / MODEL: | YEAR: | MTHLY PAYMENT:  $ | VALUE:  $ |
| ITEM: | MAKE / MODEL: | YEAR: | MTHLY PAYMENT:  $ | VALUE:  $ |

|  |
| --- |
| PROVIDE ANY OTHER INFORMATION SUPPORTING YOUR FINANCIAL POSITION, OR DESCRIBE ANY FINANCIAL HARDSHIPS: |

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE, ACCURATE AND TRUE. I UNDERSTAND THAT FRAUDULENT OR MISLEADING INFORMATION WILL MAKE ME INELIGIBLE FOR FINANCIAL ASSISTANCE. I AUTHORIZE THE RELEASE OF ANY INFORMATION NEEDED BY AURORA TO VERIFY THE INFORMATION PROVIDED. SHOULD I BE REFERRED TO A FEDERAL OR STATE FUNDED MEDICAL ASSISTANCE PROGRAM, I AUTHORIZE AURORA TO RELEASE AND OBTAIN ALL INFORMATION NEEDED TO DETERMINE ELIGIBLITY FOR THAT FUNDING.

|  |  |
| --- | --- |
| APPLICANT SIGNATURE: | DATE: |
| IN ORDER FOR AURORA TO COMPLY WITH STATE AND FEDERAL GUIDELINES, EACH OF THE ITEMS LISTED ON THIS APPLICATION NEEDS TO BE COMPLETED AND REQUIRES PROOF OF  DOCUMENTATION. YOUR APPLICATION WILL BE DELAYED AND YOUR ACCOUNT(S) WILL PROGRESS  THROUGH OUR COLLECTION CYCLE UNTIL ALL DOCUMENTATION IS RECEIVED. | |

THE FOLLOWING ARE EXAMPLES OF DOCUMENTS THAT ARE NEEDED BASED ON YOUR RESPONSES IN THE

APPLICATION (please submit copies only):

* PAY CHECK STUBS or your most recent FEDERAL INCOME TAX RETURN
* LETTER or BANK STATEMENT verifying Social Security, SSI or other Government Benefits received
* BANK STATEMENTS for Checking, Savings, or Investment Accounts
* TAX STATEMENTS showing value of Real Estate and Personal Property (EXCLUDING PRIMARY RESIDENCE)