



FINANCIAL ASSISTANCE APPLICATION

(Please Print)

<b style="color: red;">For Gulfstream Diagnostics Use Only Today's Date: Reviewer:	<b style="color: red;">Approved Discount:
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PATIENT INFORMATION

Last Name:		First Name:		Middle Initial:		SSN:	
DOB:		Sex:		Best Contact Number:		Marital Status (circle one):	
/ /		<input type="checkbox"/> M <input type="checkbox"/> F		() -		Single / Mar / Div / Sep / Widow	
Mailing Address:				City:		State:	ZIP Code:

FINANCIAL INFORMATION

Current gross monthly income	\$
Number of household members dependent on the income stated above	
Number of dependent(s) currently attending school	
Annual tuition costs for the dependent(s) listed above	
Monthly mortgage, rent or property tax payment	\$
Monthly car payment(s)	\$
Annual medical expenses not including the current bill	\$

To apply for assistance, please complete this form and submit with supporting documents to Gulfstream Diagnostics at:
*9301 N. Central Expressway
 Tower 2, Suite 335
 Dallas, TX 75231
 Fax: 972.630.6411*

Questions or concerns about completing this application or about supporting documentation required should be directed to Gulfstream Diagnostics billing department at 844.453.7876. Financial assistance is based on 400% current Federal Poverty Guidelines.

To determine eligibility for financial assistance, a patient must complete this form and provide one (1) of the following documents:

- Current 2 months of paycheck stubs;
- Previous year's W-2; or
- Unemployment or disability stubs for patient and guarantor.

If you wish to have additional financial obligations considered when determining eligibility, please provide as many of the following supporting documents:

- Copy of mortgage/rent/property tax payment or bill;
- Copy of monthly car payment or bill;
- Copy of tuition bill or written statement from institution verifying annual tuition amount; and/or
- Copy of current medical bills.

Patients who cannot afford to pay their bill are encouraged to request financial assistance prior to making payments to their account. Once a payment is made, appropriate received payments shall not be refunded. If you do not qualify for a discount or a discount is not sufficient due to other circumstances, Gulfstream Diagnostics will make every effort to develop a payment plan that works for you. Please call a Patient Billing Specialist to discuss at 844.453.7876.

I attest the information provided on this application is true, complete and accurate; and have attached documentation to verifying household income indicated above. I agree, at any time during my enrollment, that Gulfstream Diagnostics, LLC may request additional documents and verify all information submitted. I authorize Gulfstream Diagnostics to bill any insurance/health coverage on my behalf and irrevocably assign to and direct payments be made to one of Gulfstream Diagnostics' affiliated labs. I also understand Gulfstream Diagnostics reserves the right to change or discontinue this program at any time.

Patient/Guardian Signature: _____ Date: _____