



FINANCIAL ASSISTANCE APPLICATION

As set forth in Ready’s Patient Financial Assistance Policy, patients may apply for Financial Assistance by completing this Financial Assistance Application (“FAA”). Financial Assistance determinations are based on the information in this FAA (including supporting documentation) and in accordance with Ready’s Policy. An FAA **must** be fully completed to be considered. Supporting documentation **must** be included. A completed FAA does not guarantee Financial Assistance.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____

Telephone Number: _____ Social Security Number: _____

Patient’s Employer: _____ (If unemployed) Last date of employment: _____

The person responsible for paying the medical bill from Ready is called the “**Responsible Party.**”
Is the patient also the Responsible Party? YES _____ NO _____

INSURANCE INFORMATION

(If the patient is uninsured, please write “uninsured” in the Name of Insured field below)

Name of Insured: _____ Relationship to Insured: _____

Insurance Policy Number: _____ Insurance Group Number: _____

Plan Name/Type: _____

HOUSEHOLD MEMBERS

Please list everyone living in the Responsible Party’s household. Please also include the Responsible Party.

Legal Name	Age	Relationship to Responsible Party	Employer

MONTHLY INCOME INFORMATION

Please provide income information for the Responsible Party. If married, please include information for the spouse.

Monthly Income Sources	Responsible Party	Responsible Party’s Spouse
Gross Employment Wages <i>(paychecks, self-employment, etc.)</i>	\$	\$
Rental property	\$	\$
Spousal and/or child support	\$	\$
Social Security benefits	\$	\$
Disability benefits	\$	\$
Unemployment benefits	\$	\$
Investment income	\$	\$



REQUIRED DOCUMENTATION TO BE SUBMITTED

When you submit your Financial Assistance Application, you **must** provide the following documentation as applicable:

1. If employed, you must submit at least one of the following:
 - a. Copy of most recently filed income tax return; OR
 - b. Copy of three most recent pay stubs
2. If unemployed, you must submit at least one of the following:
 - a. Unemployment benefits award document; OR
 - b. Letter from previous employer; OR
 - c. Letter certifying denial of unemployment benefits from the applicable state department of labor
3. Copy of Social Security Administration monthly award letter
4. Copy of Disability monthly award letter

SUBMISSION INSTRUCTIONS TO READY

The fully completed Financial Assistance Application, along with all required documentation, can be submitted to Ready as follows:

1. Via email: financialassistance@readyresponders.com
2. Via mail: Ready Responders, Inc., PO BOX 27149, Belfast, ME 04915-2023

STATEMENTS OF UNDERSTANDING AND AGREEMENT

By signing and submitting this Financial Assistance Application, I acknowledge and agree to the following:

1. I certify that all information provided with this Financial Assistance Application is true and correct to the best of my knowledge and belief.
2. If my life circumstances change such that I may no longer be eligible for Financial Assistance, I will let Ready know immediately.
3. If any information I have provided proves to be untrue, Ready may re-evaluate my Financial Assistance determination and take appropriate action.
4. If I do not pay any adjusted patient balance awarded to me as Financial Assistance, I will be subject to Ready's normal billing and collection practices.

Printed Name: _____

Signature: _____

Date: _____

Phone Number: _____

Mailing Address: _____

Email Address: _____