ANESTHESIA SERVICES, P.A.

FINANCIAL ASSISTANCE PROGRAM APPLICATION

Patient Information

Name _____ Account # _____

Date of Birth _____ Date of Application_____

Guarantor Information

*Guarantor Name _____ Relationship to Patient _____

Address _____
APT # STREET CITY STATE ZIP

Telephone # _____ Social Security # _____

Number of Dependents Claimed on Tax Form _____ Marital Status _____

Current Type of Insurance(s) _____

- 1st Guarantor's Employer _____

  Address _____

  **Guarantor's Income _____

- 2nd Guarantor's Employer _____

  Address _____

  **Guarantor's Income _____

**Person financially responsible for patient's bill.*
***Please include proof of income (i.e., last tax return with W-2 statements and current pay stub)*

I certify that the above information is true and accurate to the best of my knowledge. Further, I will provide all insurance information that may be available for payment of my anesthesia charges. I will take any action reasonably necessary to obtain such insurance assistance and will assign to Anesthesia Services, P.A. the amount available for anesthesia charges and/or physician charges.

I understand that this application is made for Anesthesia Services, P.A. to judge my eligibility for financial assistance. If financial assistance is approved, I understand that Anesthesia Services, P.A. may verify any of the above information and I grant my permission for such verification and agree to assist in any way requested. If any information I have given proves to be unsupported, I understand that Anesthesia Services, P.A. will re-evaluate my financial ability and the full amount of my bill may become due and payable.

In the event the Financial Assistance Program is not approved in full, I agree to make monthly payments on the remaining balance, after all insurances have been paid, in the amount to be determined by Anesthesia Services, P.A. which will be based on my financial eligibility.

I authorize Anesthesia Services, P.A. to perform a credit inquiry, if necessary.

_____ _____
Financial Interviewer Date

_____ _____
1st Guarantor Date

_____ _____
2nd Guarantor Date