

**Duke University Health System
Financial Hardship Form**

	Patient / Guarantor # 1	Spouse / Guarantor # 2
13. Cash value of life insurance	_____	_____
14. Cash value of pension	_____	_____
15. Total Assets	_____	_____

Comments:

Required Documentation: (include copies for yourself and spouse/guarantor)

- (1) Attach copies of your most recent tax return, including W-2 forms and supporting schedules.
 - (2) Last 2 pay stubs
 - (3) written verification of any other income received (e.g. child support, social security, alimony).
- OR
- (1) A letter from an employer verifying income (include employer's phone number and address).
 - (2) A letter from you stating your source for paying living expenses if you have no income.

Mail documentation to:

**PRMO Self Pay
P O Box 15000
Durham, N.C. 27704**

I hereby acknowledge that the above information is true and accurate to the best of my knowledge.

I further grant the Health System authorization to verify any or all information given, and also authorize a consumer credit report if necessary.

Patient/Guarantor # 1 -Signature **Date**

Spouse/Guarantor # 2- Signature **Date**

FOR OFFICE USE ONLY

ACCOUNT INFORMATION

Entity (PDC, DRH, RCH, DUH): _____
Account/Invoice Number (s): _____
Balance Due: _____
Date(s) of Service: _____

CHARITY DETERMINATION

Approved _____ Denied _____ By _____ Date _____