



Financial Assistance Application

Patient/Guarantor Information

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Marital Status: _____ Patient's MRN/Guar ID: _____
Single or Married

Guarantor Name: _____

Guarantor Address: _____
Street City State and Zip Code

Note: If you are married, then your spouse's financial information and signature is required in order to process your application.

Spouse Information

Spouse's Name: _____

Spouse's Address: _____
Street City State and Zip Code

Spouse's Date of Birth: _____

Household Information

Number of Dependents: _____

Total Monthly Household Income:
(including Alimony, social security income) _____

Household's value of assets **beyond** primary residence:
(Savings, Checking, Mutual Funds, Stocks, Rental, etc.) _____



Required Documentation

Attach copies for yourself and spouse as listed below:

- Most recent tax return, including W-2 forms and supporting schedules.
- Last 2 pay stubs
- Written verification of any other income received (e.g. child support, social security, alimony).

OR

- A letter from an employer verifying income (include employer's phone number and address).
- A letter or comment below from you stating your source for paying living expenses, if you have no income.**

If you indicated that you are unemployed due to COVID-19, please also include:

- Lay off/termination letter and/or an unemployment benefits approval letter.

Additional Comments (Please print)

Acknowledgement

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's Signature: _____ Date __/__/____

Spouse's Signature: _____ Date __/__/____

Mailing Instructions/Contact Information

Mail Documentation to:

PRMO Self Pay
5213 South Alston Ave
Durham, N.C. 27713

Contact Information:
919-620-4555 or 800-782-6945

Note: Please allow 4-6 weeks for processing



Instructions for Completing the Duke University Health System Financial Hardship Form

Section 1. Patient/Guarantor Information

Patient's Name: Clearly print on the blank line the first name, middle initial, and last name of the patient or guarantor. *Patient's Address:* Clearly print on the blank line the address where you live including the city, state, and zip.

Patient's Date of Birth: Clearly print on the blank line your date of birth.

Patient's Marital Status: Clearly print single or married.

Patient's MRN/Guar ID: Clearly print the medical record number Duke Health has issued the patient or the Guarantor's ID # if the application is for a dependent's balances.

Guarantor's Address: Clearly print on the blank line the address where you live including the city, state and zip.

Section 2: Spouse Information (may be skipped if you are single)

Spouse's Name: Clearly print on the blank line the first name, middle initial, and last name of the patient or guarantor's spouse.

Spouse's Address: Either clearly print on the blank line the address where your spouse resides or indicate "Same" if you and your spouse reside at the same address.

Spouse's Date of Birth: Clearly print on the blank line your spouse's date of birth.

Section 3. Household Information

Number of Dependents: Clearly print the number of dependents in your household you can claim on your taxes (children or adults who you financially provide more than 50% of their living expenses).

Total Monthly Household Income: Clearly print the amount of income from all sources your household (yourself, your spouse, and dependents) receives monthly (including but not limited to wages, profits from business, rental income from rental properties, social security income (SSI/SSDI), income from investments, estates, trusts, alimony, child support, aid to dependent children, etc.)

Total Household Assets: Clearly print the value of all assets excluding the primary residence (including but not limited to: Savings, Checking, Mutual Funds, Stocks, Bonds, Rental property value, etc.)

Required Documentation

The documents listed in this section are needed to help us determine if you qualify for charity care under our financial assistance policy. If you do not have, or cannot produce the items listed, please include an explanation as to why.

Comments



Use this section to share any additional information you would like us to consider in the evaluation of your charity care application.

Acknowledgement

Patient/Guarantor's Signature: Sign and date the application.

Spouse's Signature: Have your spouse (if married) sign and date the application.