



Financial Hardship Application Process

Application for financial hardship for medical expenses will be made in accordance with General Physician, PC's Financial Hardship Policy.

Applicants may request and complete a Financial Hardship Application form. The form can be obtained at a General Physician, PC office or online at gppconline.com. Applicants are required to return the completed form and submit all required documents to General Physician, PC within 150 days of service. **Please note, many insurance carriers prohibit us from discounting co-pays, co-insurances and deductibles.**

Required Information:

GPPC requires independent information to support claims of financial hardship including verification of income. The information submitted will be treated confidentially and will only be reviewed by GPPC staff involved in processing and reviewing information for reduction of waiver of medical expenses.

Time Frame:

After an application and verification information are received, GPPC will consider the overall financial situation of the applicant and then render a decision. All decisions will be made within 10 working days from the time that GPPC receives and reviews all the required information. All determinations are pursuant to the hardship guidelines and are discretionary and in the sole determination of GPPC.

Applications will receive a notification letter outlining whether the application has been approved or denied. If the applicant's financial situation significantly changes, the patient or their designee may reapply. Approvals are granted for up to a period of one year; applicants are required to reapply upon expiration.

GPPC administrative staff will maintain all documentation related to the financial hardship waiver process as confidential.

Verification of ongoing qualification for financial hardship may be conducted at anytime at GPPC's discretion or at the applications request.

Hardship awards are valid for one year only; upon expiration a new application must be submitted.

**Please complete the attached application and financial statement.
Your request cannot be processed unless the application and financial statement is fully completed and signed.**



Financial Hardship Application

Please complete the application and attached financial statement. Return all forms and required documentation to Revenue Department, General Physician, PC, 726 Exchange Street, Suite 516, Buffalo New York 14210 or fax to 716-842-3190.

All Information related to financial hardship requests will be kept confidential.

Today's Date:	Account Number:
Patient Name:	Phone Number:
Patient Address:	
Date of Birth:	Social Security Number:(optional)
Name of person completing application (if other than patient):	Relationship to Patient:
	Phone Number:
Total number of family members living in household (related by birth, marriage or adoption):	Health Insurance Plan (if uninsured, please advise why):

Monthly Household Income and Source			
	Patient	Spouse/Parents	Dependents
Monthly Salary (gross)	\$	\$	\$
Public Assistance Benefits	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Disability Benefits	\$	\$	\$
Social Security Benefits	\$	\$	\$
Worker's Compensation	\$	\$	\$
Child Support	\$	\$	\$
Other (**see below)	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

****Other forms of income include but are not limited to veterans or survivor benefits, pensions, interest income from dividends, rental income, etc.**

I hereby acknowledge that the information given herein is true and correct. I authorize General Physician, PC to verify information contained in this document for the sole purpose of assessing financial needs.

Signature of patient or person making request

Date

Note: If all documentation Requested is not received, including the most current income tax return and proof of income for every family member in the household, the application will be denied.



Financial Hardship Application (continued)

Required Documents:

Last two years of your income tax return of all household members

If your hardship is a recent event or involves other circumstances, the following supplemental information should be included:

Pay check stubs for the past 60 days for all persons employed who reside in the home

Current year Social Security or Disability letter with benefit amounts

Unemployment check stubs for the past 90 days

Proof of all other income received in the past 90 days

Catastrophic situations (i.e. death, disability, shelter, please explain): _____
