



CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

I understand that the information submitted concerning my annual income, family size, and assets is subject to verification by Clarity Genetics. I also understand that if the information submitted is determined to be false, this will result in a denial of this application and the account balance due will remain my responsibility.

SECTION ONE: PATIENT INFORMATION (Please print)							
Account Number			Date(s) of Service			Social Security Number	
Name (Last, First, Middle Initial)					Date of Birth		
Address			City		State		Zip
Home Phone		Cell Phone			Other Phone		County
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____			Are you a legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you have health insurance or any other coverage at the time of your service? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you file a Federal Tax Return? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, why _____			Who is the primary filer? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		Does anyone in the home receive public assistance? <input type="checkbox"/> Cash <input type="checkbox"/> Food <input type="checkbox"/> Other: _____		
SECTION TWO: HOUSEHOLD INFORMATION (List all people who live in your household)							
Name of Household Member	Date of Birth	Relationship to Patient	Is this person listed on your Federal Tax Return?	Name of Household Member	Date of Birth	Relationship to Patient	Is this person listed on your Federal Tax Return?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional household members can be submitted on additional paper.							
SECTION THREE: EXPENSES (List monthly expenses for all household members)							
House Payment		Car Payment		Heat		Cell Phone	
Property Taxes (Year)		Car Insurance		Electric		Groceries	
Rent/Lot Rent		Fuel (vehicle)		Phone		Tuition	
House/Rental Insurance		Childcare/Child Support		Water/Sewer/Trash Removal		Other: _____	
Health Insurance/Expenses		Life Insurance		Cable/Dish/Internet		Other: _____	

SECTION FOUR: INCOME (List income for all household members)

Income Source	What household member receives this income?	Current Monthly Gross Income Amount	Monthly Income Source	What household member receives this income?	Current Monthly Gross Income Amount
Wages			Wages		
Self-Employment			Self-Employment		
Child Support/Alimony			Child Support/Alimony		
Social Security			Social Security		
Investments			Investments		
Pension/Dividends			Pension/Dividends		
Tips/Commission			Tips/Commission		
Interest			Interest		
Rental Income			Rental Income		
Tribal Income			Tribal Income		
Unemployment			Unemployment		
Worker's Compensation			Worker's Compensation		
Other: _____			Other: _____		

SECTION FIVE: HOUSEHOLD ASSETS (List assets for all household members)

Asset Source	What household member owns this asset?	Current Asset Value	Asset Source	What household member owns this asset?	Current Asset Value
Checking Account			Property (Home) Value		
Checking Account #2			Property #2 Value		
Savings Account			Vehicle (primary) Value		
Savings Account #2			Vehicle #2 Value		
CD's/ Money Market			Motorcycle/ATV/Boat/Trailer		
401k/403B/IRA/Retirement			Life Insurance (surrender value)		
Stocks/Bonds/Annuity			Other: _____		
HSA/ FSA			Other: _____		

By my signing below, I certify that everything I have stated on this application and on any attachments is true.

Responsible Party Signature _____ Date _____

If you have any questions, please call: _____ at _____