

Financial Assistance Application

Return Information to:
MAIL: Pro-Genex Financial Assistance
 999 Chestnut ST SE STE 16 |
 Gainesville | GA 30501
PHONE: (844) 794-3637
EMAIL: Marcie.Swenson@pro-genex.com

Instructions for completing this form:

Please fill this form out completely and return all required documentation to the address or email listed above. Financial assistance will not be awarded to those who do not complete the application process; including the requirement for the patient to apply for programs for which they may qualify (i.e. Medicaid).

Please submit the following documentation:

1. Copies of your current federal tax return with all schedules, including W-2s
2. Household income verification noted below

| Patient Name | Account Number | Birth Date |
|---|------------------------------|------------------|
| Responsible Party Name _____ | Social Security Number _____ | Birth Date _____ |
| Relationship to Patient _____ | Home Phone _____ | Cell Phone _____ |
| Address _____ City _____ State _____ Zip _____ | | |
| Employer Name _____ Work Phone _____ | | |
| How long have you lived at this address? _____ Years _____ Months | | |

Please list addresses for the last 12 months:

| Address | City | State | Zip | From (Month/Year) | To (Month/Year) |
|---------|------|-------|-----|-------------------|-----------------|
| | | | | | |
| | | | | | |

| | | |
|-------------------------|-------------------------------------|----------------------------|
| Spouse Name _____ | Spouse Social Security Number _____ | Spouse Birth Date _____ |
| Spouse Home Phone _____ | Spouse Cell Phone _____ | Spouse Employer Name _____ |

Additional Household Members

| Name | Birth Date | Relationship | Name | Birth Date | Relationship |
|------|------------|--------------|------|------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

Household Monthly Income

| If you are unable to provide copies of the verified information; please provide 3 months bank statements with an explanation on the back of this form. | | | |
|--|-----------------------------------|-----------------------------------|---|
| Type | Responsible Party Amount | Spouse Amount | Type of Income Verification Required |
| Employment Income (Gross) | \$ _____ | \$ _____ | <input type="checkbox"/> Provide paycheck stubs for the last two pay periods or 3 months bank statements |
| Self-Employment Income (Gross) | \$ _____ | \$ _____ | <input type="checkbox"/> Provide 3 months bank statements |
| Pension, Retirement, Social Security Income | \$ _____ | \$ _____ | <input type="checkbox"/> Provide your Pension/Retirement statement, and/or Social Security award letter |
| Unemployment, Disability Income, etc. <small>Check if Disabled/unemployed longer than 6 months</small> | \$ _____ <input type="checkbox"/> | \$ _____ <input type="checkbox"/> | <input type="checkbox"/> Provide unemployment, disability award letter, or 3 months bank statements |
| Child Support, Alimony | \$ _____ | \$ _____ | <input type="checkbox"/> Provide a copy of your divorce decree, legal separation notice, or custody agreement if you would like this information considered |
| Other (Please list source): _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Provide 3 months bank statements with an explanation of your income source(s) |

Please turn to the back of this form to complete the application.

