RPLA
Raleigh Pathology Laboratory Associates

WMLC
Wake Medical Laboratory Consultants

FINANCIAL ASSISTANCE APPLICATION

If you can't pay the balance on your account because of a permanent or short term financial hardship, we may be able to help you by providing an interest-free payment plan, a hardship discount or charity care. In order to receive hardship discounts or charity care, you MUST complete the FINANCIAL ASSISTANCE APPLICATION including all requested supporting documentation.

Required Items:

1) Completed and Signed Financial Assistance Application
2) Proof of Income for you and your spouse (List A)
3) Any applicable items on List B may further aid our review

If you fail to provide any required items, we will be unable to process your application. Please be sure application and supporting documentation is complete. If you have questions, please contact us at 919-350-8277

Acceptable Forms of Required Documentation		
LIST A **Proof of Income for you AND SPOUSE** *Failure to send documentation of spouse's income will prevent your application from being processed*		**LIST B: ONLY IF APPLICABLE** *Failure to send the below documentation will prevent your application from processed*
• Most recent tax return for Guarantor/Patient and Spouse – all copies of 1040, 1040 EZ, etc. Page 1 – 2 only. OR • Most recent paystub(s) for prior 4 weeks Guarantor/Patient and Spouse plus prior year W-2's		• Disability letter • Medicaid denial letter • Social Security Benefit Statement • Signed letter on letterhead from referring physician or hospital indicating your account meets their financial assistance policy

If you provide a letter from your doctor or hospital stating that you have been granted charity care, please provide that in lieu of providing source documentation in List A. All charity care discount letters are verified with your physician or hospital

Please allow 7-10 days for the review of your application. We will contact you by mail or phone to advise you as to the resolution of your application. Please be sure to write neatly so we can contact you back and include the best telephone number to reach you and a full and current mailing address. If you have not received correspondence from us within 30 days, please contact us at 919-350-8277. Please mail attached application and supporting documentation to:

RPLA Finance
PO BOX 14045
Raleigh., NC 27620-4045

RPLA
Raleigh Pathology Laboratory Associates

WMLC
Wake Medical Laboratory Consultants

FINANCIAL ASSISTANCE APPLICATION

Patient and/or Guarantor (Responsible Party) Information:

Patient Name:_____SS#_____DOB:_____Acct. # _____

Guarantor (Responsible Party) Name:_____SS#_____DOB: _____

Address: _____City: _____St: ____Zip: _____

Phone number: Home/Cell:_____Are you a US Citizen?_Yes _____No

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

In which state did you file your recent tax return?_____Total # of Exemptions claimed on tax return? _____

Spouse Information:

Name:_____SS#_____DOB:_____Acct. # _____

Is patient deceased?___Yes _No

If yes, please complete the application and attach a copy of the death certificate to the application.

Household Member Information:

Total Number of Household Members: _____

Health Insurance/Other Assistance:

Have you applied for Medicaid?_____Yes_____No **If yes, when:**_____Which County? _____

Case Worker's Name: _ Are you receiving food stamps? _____Yes _____No

Are you covered by any of the following? (Check all that apply)

☐ Private Health Ins ☐ Medicare ☐ Medicaid ☐ Cancer Program ☐ Blind Comm ☐ Sickle Cell

Cripple Children ☐ Voc Rehab ☐ Migrant Hlth ☐ Veteran's Admin ☐ Other: _____

Employment Status: (Attach additional documentation if necessary) ☐ Full ☐ Part ☐ Unemployed, please explain on page 2

Patient/Guarantor Employment:

Current Employer:_____**Dates:** From:_____To:_____Phone: _____

Salary:_____Hr/Wk/Mo/Yr Average # of hrs worked per week: _____

Prior Employer:_____**Dates:** From:_____To:_____Phone: _____

Salary:_____Hr/Wk/Mo/Yr Average # of hrs worked per week: _____

Spouse's Employment:

Current Employer:_____**Dates:** From:_____To:_____Phone: _____

Salary:_____Hr/Wk/Mo/Yr Average # of hrs worked per week: _____

Prior Employer:_____**Dates:** From:_____To:_____Phone: _____

Salary:_____Hr/Wk/Mo/Yr Average # of hrs worked per week: _____

CONTINUED ON NEXT PAGE

RPLA
Raleigh Pathology Laboratory Associates

WMLC
Wake Medical Laboratory Consultants

All Other Income for Patient, Guarantor or Spouse: (Check all that apply)

Unemployment	$_____	☐ SSI	$_____	☐ VA	$_____		
Worker's Comp	$_____	☐ Disability	$_____	☐ Investments	$_____		
Alimony	$_____	☐ Pension	$_____	☐ Retirement	$_____		
Social Security	$_____	☐ Child Support	$_____	Number of Children	#_____		
☐ Other Type:_____				$_____			

Check one: ☐ Weekly ☐ Monthly ☐ Yearly

If unemployed or no income, please explain: _____

_____

Did you include your attachments? _____

Supporting Documents Check List: Include each item when submitting application

Recent Signed Tax Return or W-2's ☐	4 weeks of Pay stubs (Must show name and address) ☐	Other applicable documents per instructions ☐

Certification:

I certify that the above information is true and correct to the best of my knowledge. I acknowledge that providing false information constitutes fraud. I authorize release of information needed to verify this application, including from my employer, for the purpose of evaluating financial need.

Patient Signature_____ Date_____

Spouse Signature_____ Date_____

Guarantor Signature_____ Date_____

Other Patient Representative_____ Date_____

(Relationship to patient)_____

Fax completed application to: 678-459-0613

Or mail to: Finance Dept
PO Box 14045
Raleigh, NC 27620-4045

Or email to: finance@raleighpathology.com