



## FINANCIAL ASSISTANCE APPLICATION

Thank you for inquiring about New England Tissue Issue's Financial Assistance Program.

In order to qualify for financial assistance, please complete the application in its entirety. Return the completed application along with copies of all required documents to:

**ProPath**

Attn: Director, Revenue Cycle  
1355 River Bend Drive  
Dallas, Texas 75247

Upon receipt, we will review your application and all required documentation to determine if the Financial Assistance criterion has been met. If any documentation or information on the application is missing, we will not be able to process your application. Only applicants who meet the criterion will qualify for a reduction in charges. All approvals are for current outstanding balances only and do not apply to future billing.

Please allow 2-3 weeks for processing.

If you have any questions, please call our Patient Billing office at 401-214-9111.

Sincerely,

Patient Billing Department

### FINANCIAL ASSISTANCE APPLICATION

*Please print clearly. Be sure to complete all requested information.*

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Number and Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Family Size/Dependents in Home: \_\_\_\_\_

Check One: Own home  Rent home  Live with family

Employer: \_\_\_\_\_ Employer Telephone (\_\_\_\_) \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street City State Zip

Check One: Employed  Unemployed  Full-Time Student

	Last 3 Months	Last 12 Months
1. Income (includes Wages, Earnings, Unemployment, Public Assistance, Social Security, Workers' Compensation, Alimony, Child Support, Pensions, Income from Dividends, etc.)		
2. Medical Expenses (includes copies of outstanding bills from other medical providers, etc.)		

**\*REQUIRED DOCUMENTATION:** Please submit (at minimum) a copy of last year's tax return, last 3 pay stubs (if applicable) and last 3 month's bank account statement as documentation for the income you entered above. Other types of documentation include copy of unemployment benefits, W-2, Form 1040, recent medical bills, etc.

This Application may be submitted to NETI at any time during the billing and collection process.

I REQUEST THAT PROPATH DETERMINE MY ELIGIBILITY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. I UNDERSTAND THAT THE INFORMATION WHICH I SUBMIT IS SUBJECT TO VERIFICATION, AND I AUTHORIZE PROPATH TO VERIFY ANY INFORMATION IN THIS APPLICATION. I UNDERSTAND THAT IF INFORMATION WHICH I SUBMIT IS FALSE, IT WILL RESULT IN A DENIAL OF FINANCIAL ASSISTANCE. I AFFIRM THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Account # \_\_\_\_\_

Internal Use Only	
Approved: _____ Denied: _____ Comments: _____	
Reviewed By: _____	Date Completed: _____