Financial Verification Form
Patients to fax completed form and proof of income to (305) 595-5140

Name: _____   Phone: _____

Address: _____   Age: _____

_____   Surgery Date(s): _____

Procedure description: _____

Are You?	**Are You?**	**Are You?**
☐ Married	☐ Homeowner	☐ Retired
☐ Widowed / Single	☐ Renter	☐ Employed
☐ Separated	☐ Boarder	☐ Unemployed
☐ Divorced	☐ Assisted Living	

Number of dependents, including yourself? _____

Monthly Household Income

Earnings from Employment	$ _____
Earnings from Unemployment Compensation	$ _____
Earnings from Workers' Compensation	$ _____
Earnings from Social Security Administration	$ _____
Earnings from Child Support/Alimony	$ _____
Earnings from Pension or Retirement	$ _____
Earnings from Rental Real Estate	$ _____
Earnings from spouse or other household members	$ _____
Earnings from other income not listed above _____	$ _____
Total Monthly Income	**$** _____
	X 12 months
Total Annual Income	**$** _____

List Primary Insurance Coverage / Comments below:

- **I certify that everything I have stated on this financial verification form and any attachments are correct.**
- **I certify that I am a US citizen and resident in the state in which the ASC resides.**
- **I understand that I must update this information if any financial condition changes.**
- **The falsification of data may result in the reversal of any adjustments.**
- **This agreement is good for 90 days and is applicable for all dates of service within 90 days of the original date of service**.

_____   _____
Patient or Authorized Party Signature   **Date**

Please note: In order to qualify for a Financial Hardship adjustment, you must provide proof of last three (3) months household income (pay stubs, tax returns, social security pay stubs, etc) and any valid insurance information.

   Center staff to fax completed form along with proof of income to (305) 595-5140

Facility Use Only

Approved _____   Discount % _____

Denied _____ Reason for Denial
_____

Appealed ( ) Yes ( ) No

Approved after Appeal _____

Denied after Appeal _____

Regional Vice President _____
                                                          (Signature)

Facility Administrator/ ASC Director _____
                                                             (Signature)

Business Manager _____
                                                   (Signature)