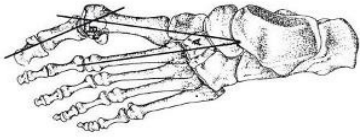


Dr. Spence D. Harper, PC

Diseases and Surgery of the Foot and Ankle
Diplomate, American Board of Foot and Ankle Surgery®

Financial Hardship Form

To be considered for a financial hardship waiver, the patient needs to complete this application and provide accurate proof of income. It will be compared to our official policies and the national poverty standards.

Please complete the following form, and submit all necessary supporting documentation to our office. For your security and privacy, we recommend that sensitive information be submitted in person.

Continued Eligibility: If a waiver is granted, it will automatically expire in 6 months. Periodically you will be required to recertify your financial status. If any of the information provided proves to be untrue, we will re-evaluate your financial status and take action necessary to collect on your account.

If granted, the waiver can be immediately revoked by the practice, without advance notice, for any reason.

All information related to this application will remain completely confidential and will only be used to determine eligibility.

Patient Name: _____ DOB:_____

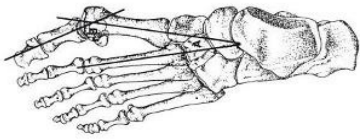
Address:_____

City:_____ State:_____ Zip Code:_____

Home Phone:_____

Cell Phone:_____

Wasatch Foot & Ankle Center
190 N. Main Street
Heber City, Ut 84032
435-657-0329 O
801-274-9064 F



Please Answer the Questions in Full Below:

- **Employment:**

❑ I am Employed
If Yes, Who is your Employer? _____
How long have you been employed? _____
❑ I am Not Employed
❑ Retired
❑ Disabled

- Number of family members living in the household:_____

- **Insurance:**

❑ I do not have Medical insurance
❑ I do have Medical Insurance

Primary Insurance:_____ ID#_____

Secondary Insurance:_____ ID#_____

Briefly, explain why you are unable to pay your medical bills:_____

_____

_____

I certify that the above information is true to the best of my knowledge and understand that this information will be kept strictly confidential.

Patient Signature_____

Print Name: _____

Date:_____

_____
Office Manager or Dr. Harper
Signature for approval

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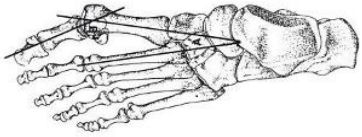

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