



## Raleigh Radiology Financial Assistance Application

If you are unable to meet the required payment arrangement on your account due to a permanent or temporary financial situation, you may have your account reviewed by Raleigh Radiology to determine if you qualify for alternative arrangements. In order to be evaluated for Financial Assistance, you must complete and send the following via mail to:

- **Financial Assistance Application**
- **List 1: Proof of Income for you and your spouse**
- **List 2: Proof of Residency (2 Items Needed)**
- **List 3: Any Items if Applicable**

<p style="text-align: center;"><b>LIST 1</b></p> <p style="text-align: center;"><b>Proof of income for Guarantor/Patient and their Spouse (If Applicable). Must submit item (A) or the items in (B).</b></p> <p><i>Failure to send documentation of spouse's income will prevent your application from being processed.</i></p>	<p style="text-align: center;"><b>LIST 2</b></p> <p style="text-align: center;"><b>Proof of Residency 2 Items Required</b></p> <p><i>Must include both your name and a current North Carolina address which must match your application.</i></p>	<p style="text-align: center;"><b>LIST 3</b></p> <p style="text-align: center;"><b>If Applicable</b></p> <p><i>Failure to send the below documentation will prevent your application from being processed.</i></p>	<p style="text-align: center;"><b>ITEMS WE WILL <u>NOT</u> ACCEPT</b></p> <p><i>Please do NOT include any of the items in the below list as proof for items in list 1, 2, or 3.</i></p>
<p><b>A. <u>Last filed tax return</u></b> for the Guarantor/Patient and Spouse – all copies of 1040, 1040 EZ, etc. if it reflects your current income situation.</p> <p><b>B. A <u>personal letter</u></b> stating the current employment status for the Guarantor/Patient and their Spouse (if applicable) including if either individual is unemployed or self-employed. <i>*The letter must include the household adjusted gross income (prior to taxes), the applicant's printed name, current</i></p>	<ul style="list-style-type: none"> <li>- Mortgage Statement</li> <li>- Lease Agreement</li> <li>- Current Utility Bill</li> <li>- Photo ID (with current address)</li> <li>- Vehicle Registration</li> <li>- If Guarantor/Patient and/or Spouse does not have proof of residency, a letter must be submitted stating the current living situation.</li> </ul>	<ul style="list-style-type: none"> <li>- Disability Letter</li> <li>- Medicaid Denial Letter</li> <li>- Social Security Benefit Statement</li> </ul>	<ul style="list-style-type: none"> <li>- W2</li> <li>- Tax Transcript</li> <li>- 1099 Forms</li> <li>- Personal Checks (in place of paystubs)</li> </ul>

<p><i>address, and the applicant's signature.</i></p> <p><b>Most recent paystubs</b> for the last 4 weeks for the Guarantor/Patient and/or Spouse if employed.</p>	<p><i>*The letter must contain your printed name, current address, and the applicant's signature.</i></p>		
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Upon receipt and review of your application, and all the required documentation listed above, Raleigh Radiology may contact you regarding any alternate payment arrangements that can be made on your account. Until you have received written notification from Raleigh Radiology regarding a change in payment arrangements, please continue to make required payments. To ensure that the information is received promptly, and for security purposes please mail the completed application and required documentation to the address below:

**Raleigh Radiology**  
**Attn: Financial Assistance**  
**5220 Greens Dairy Rd**  
**Raleigh NC 27616**

**1. Patient Information:**

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Acct. # \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Is the patient deceased?** \_\_\_\_ Yes \_\_\_\_ No – if yes, please also attach a copy of the death certificate to the application.

**2. Guarantor (Responsible Party):**

Guarantor (Responsible Party) Name: \_\_\_\_\_ SS# \_\_\_\_\_  
 DOB: \_\_\_\_\_ Acct. # \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is Guarantor a resident of NC? \_\_\_\_ Yes \_\_\_\_ No

Marital Status: (Please circle one)    Single    Married    Separated    Divorced    Widowed

Email Address: \_\_\_\_\_

**Spouse Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**3. Employment Status (Attach additional documentation if necessary)**

**Patient/Guarantor Employment:** \_\_\_\_ Full \_\_\_\_ Part \_\_\_\_ Unemployed, letter needed.

Current Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To: \_\_\_\_\_  
Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Number of hours worked/week: \_\_\_\_\_

Previous Employer (or Second Job): \_\_\_\_\_  
Dates: From \_\_\_\_\_ To: \_\_\_\_\_  
Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Number of hours worked/week: \_\_\_\_\_

**Spouse's Employment:** \_\_\_\_\_ Full \_\_\_\_\_ Part \_\_\_\_\_ Unemployed, letter needed.

Current Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To: \_\_\_\_\_  
Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Number of hours worked/week: \_\_\_\_\_

Previous Employer (or Second Job): \_\_\_\_\_  
Dates: From \_\_\_\_\_ To: \_\_\_\_\_  
Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Number of hours worked/week: \_\_\_\_\_

**4. Household Member Information** **Total Number of Household Members:** \_\_\_\_\_

**Please list all members of your household (with whom you are responsible for) even if they have not been seen at Raleigh Radiology. *If more space is needed, please add each additional member to a separate sheet of paper and attach it to this application.***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Please complete the Assets and Liabilities sections below for the Household

<b>Assets</b>	<b>Amount</b>
Primary Residence	\$
Other Real Estate	\$
Bank Accounts (Total)	\$
Retirement Accounts	\$
Stocks	\$
Mutual Funds	\$
Trust Accounts	\$
Other	\$
Cash Value of Life Insurance	\$
<b>Total Assets</b>	\$

<b>Liabilities</b>	<b>Amount</b>	<b>Monthly Payment</b>
Mortgage Balance	\$	\$
Loans against Life Insurance	\$	\$
Bank Credit Cards	\$	\$
Other Cards	\$	\$
Utilities (Per Month)	\$	\$
Rent	\$	\$
Other Vehicles	\$	\$
Other	\$	\$
<b>Total Debt</b>	\$	\$

6. Certification:

I certify that the above information is correct to the best of my knowledge. I authorize the release of any of this information from my employer and/or holders of this information, for the purpose of evaluating assistance in the payment of my medical bills and verification of my income.

**Patient/Guarantor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Don't forget to check the instructions page to ensure you include all the necessary documents such as the items below:*

- 2 Forms of Proof of Residency
- Most Recent Tax Return
- 4 Weeks of Pay Stubs
- Other Applicable Documents

**Mailing Instructions/Contact Information:**

Mail completed application to:

**Raleigh Radiology**

**Attn: Financial Assistance**

**5220 Greens Dairy Rd**

**Raleigh NC 27616**

Customer Service:

Email: [FinancialAssistance@RaleighRad.com](mailto:FinancialAssistance@RaleighRad.com)

*\*Please allow 4-6 weeks for processing*

**How the Federal Poverty Guideline Works**

	<b>250% of Poverty Guidelines</b>	<b>275% of Poverty Guidelines</b>	<b>300% of Poverty Guidelines</b>
<b>Family Size</b>	<b>100% Discount</b>	<b>90% Discount</b>	<b>80% Discount</b>
1	Household income below \$36,450.00	Household income below \$40,095.00	Household income below \$43,740.00
2	Household income below \$49,300.00	Household income below \$54,230.00	Household income below \$59,160.00
3	Household income below \$62,150.00	Household income below \$68,365.00	Household income below \$74,580.00
4	Household income below \$75,000.00	Household income below \$82,500.00	Household income below \$90,000.00
5	Household income below \$87,850.00	Household income below \$96,635.00	Household income below \$105,420.00
6	Household income below \$100,700.00	Household income below \$110,770.00	Household income below \$120,840.00
7	Household income below \$113,550.00	Household income below \$124,905.00	Household income below \$136,260.00
8	Household income below \$126,400.00	Household income below \$139,040.00	Household income below \$151,680.00