

For Internal use only
Account #

NYULangone Health Faculty Group Practice Financial Assistance Application

Pleases endcompleted application and supporting documents to:

NYU GROSSMAN SCHOOL OF MEDICINE FACULTY GROUP PRACTICE P.O. BOX 415662 BOSTON, MA 02241 Fax #:646-754-7566

Email: NYUPhysicianServi@snyulangone.org

Patients treated in the NYU LangdinealthFaculty Group Practice (FGP) are responsible for paying all applicable out-of-pocket costs associated with their care including copaymenting copaymenting and/or deductibles.

The FGP Financial Assistance Program provides discounts **forctome** individuas who do not have health insurance or who have exhausted their health insurance benefits reset certain income guidelines for eligible services Exclusions to this program include, but are not limited to, **covre**red services and elective procedures for patients who are enrolled in insurance plans which providers do not contract with.

To be eligible, a patient must reside in New York State or the state in which the service(s) were provided, and be a US Citizen degalresident. We will considerapplications a caseby-case basisThis application does not apply to any NYU Langone Healthospital balances.

To ensure timely processing, please submit all requested documentation within 14 business

	Name (Last, FirstMI)					Date of Requ	est	
Information	Street Address			City		State	Zip	
	Home Phone		Work Phone		Cell Pi	none		
Patient	() Pre SSN Date of	efeŕred Birth	() Marital Status	Preferred	()			Preferred

	Guarantor Employment Status ´&µšo]cu ´Wš]OEīš´hvu‰o,⊉Çš] OEOther:				
SpouseEmployment Status ´&µšo]cu ´Wš]OEiš´hvu‰oZ[Çš] OEOther:	Monthly Salary/Unemployment/Disability Income				
Last DayWorked (if applicable)	Household Size	Total Household Income			



Required documents below aneecessary in order to proceed with review process *Please include documentation for each household members.*

Signedand completed financial assistance application and any of the following that applies to you:

- 1. Copiesof pay stubsfor past month or
- 2. Most recent W2 Forms and/or 1098 selfemployed applicantsor
- 3. Most Recent 1040 Tax Return including proof of household saize
- 4. Unemployment documentation must include applicant's ame and weekly benefit amount or
- 5. Notarized letter for unemployment specifying income orif receiving cash paymentor
- 6. Furlough Letter Employment termination letteincluding datesor
- 7. Ue/nn/oe or

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