

Attachments

Account Number: _____

FINANCIAL ARRANGEMENTS QUESTIONNAIRE

Patient Name: _____

Guarantor Name: _____

Date: _____ **Phone:** _____

Please complete the following schedule so that our Business Office personnel can assist you in making payment arrangements for your office bill

*****DISPOSABLE INCOME ANALYSIS*****

MONTHLY INCOME FROM:

Employment-Take home Pay:
\$ _____
\$ _____

Other Sources (list)
1. \$ _____
2. \$ _____
3. \$ _____

Number of Persons in Household: _____

Name: _____ **Age:** _____

MONTHLY EXPENSES:

House/Rent: \$ _____
Auto Payment: \$ _____
Food & Clothing: \$ _____
All Utilities: \$ _____
Loans: \$ _____

Charge Accounts (list):

1. \$ _____
2. \$ _____
3. \$ _____
4. \$ _____

Other Medical Bills (list):

1. \$ _____
2. \$ _____
3. \$ _____
4. \$ _____

Other (list):

1. \$ _____
2. \$ _____

Total Income: \$ _____
\$ _____

Total Monthly Expenses:

\$ _____

Disposable Income:

In signing this questionnaire, I certify that the information given is true and correct to the best of my knowledge.

Signature of the Guarantor

Date

SIERRA ANESTHESIA, INC.

520 Hammill Lane Reno, NV 89511

Phone (775) 786-9666

Fax (775) 689-5430

| | | |
|-------------------------|----------------------|--------------------|
| Brandon Allen, MD | Kathleen Juarez, MD | Jess Rinehart, MD |
| Michael Bleyberg, DO | Peter Kasprzak, MD | Brooks Rohlen, MD |
| David Coggeshall, MD | Shane Kruitbosch, MD | Pamela Russell, MD |
| M. Lawrence Gevedon, MD | Paul Mailander, MD | Mark Stacey, MD |
| John Hilts, MD | Agi Melton, MD | Jeff Weaver, MD |
| Michael Hubbard, DO | Mel Nutter, DO | |
| Craig Hutchens, MD | Paul Picetti, MD | |

RE: HARDSHIP LETTER
Patient: _____

DOS: _____

Balance: \$ _____

Acct#: _____

We are in receipt of your current financial hardship request. In order for us to stay in compliance with Medicare and private insurance companies rules, we need to request documentations of your financial status. In order for this process to be done, we need copies of the following:

1. Your most current tax return
2. Verification of your monthly income, including spousal income. (Example: paycheck stubs, child support, alimony income, social security).
3. Monthly expenses. (Example: power bills, phone bills, car insurance, car payments, mortgage payments).

This information is ***due within 2 weeks*** of the date of the letter, if not received hardship will not be granted. Thank you for your cooperation in this matter. We will notify you within two weeks after receiving the information provided. Also a minimum payment plan is required for hardship qualification.

Thank you again,

Sierra Anesthesia, Inc.
Billing Dept.