

PATIENT HARDSHIP BALANCE RELEASE FORM

The patient listed below has informed me of an extenuating circumstance that will prevent them from following through on any part of the financial liability they will incur for medical services that were performed today. This is not a blanket release and must be taken into consideration each time the patient presents for services. This notice must be initiated by the patient. Please review the exemption reasons below and check all that apply.

Patient Name: _____

Name of Doctor: _____ Date of Service: _____

Amount of Adjustment: \$ _____ Today's Date: _____

I am unable to pay for any of the services performed today because of the items listed below and the billing physician agrees to adjust off any patient portion of this claim.

_____ Unemployed, no benefits available. From _____ to _____.

_____ Death in the immediate family. (Relationship: _____)

_____ Extensive other debt.

_____ No health insurance coverage.

_____ W/C leave

_____ Divorce (Date: _____)

_____ Health issues

_____ Low income

_____ Entered nursing home

_____ Other: _____

Patient Signature: _____

Physician Approval: _____

This form must be printed to obtain original signatures. Please mail to your Doctor and they will forward to Plexus. PLEASE PRINT!