



PROPATH

A Sonic Healthcare Anatomic Pathology Practice

FINANCIAL ASSISTANCE APPLICATION

Thank you for inquiring about ProPath's Financial Assistance Program.

In order to qualify for financial assistance, please complete the application in its entirety. Return the completed application along with copies of all required documents to:

ProPath

Attn: Director, Revenue Cycle

1355 River Bend Drive

Dallas, TX 75247

Upon receipt, ProPath will review your application and all **required documentation** to determine if the financial assistance criterion has been met. If any documentation or information on the application is missing, ProPath will not be able to process your application. Only applicants who meet the criterion will qualify for a reduction in charges. All approvals are for current outstanding balances only and do not apply to future billing.

Please allow 2-3 weeks for processing.

If you have any questions, please call our **Patient Billing Office** at **800.654.1888**.

Sincerely,

ProPath Patient Billing Department



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ProPath

1355 River Bend Drive
Dallas, TX 75247

www.ProPath.com

P: 214.638.2000
800.258.1253



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Patient's Name: _____ Date of Birth: _____
Last First MI

Address: _____
Number and Street City State Zip

Telephone No. () _____ Family Size/Dependents in Home: _____

Check One: Own Home Rent Home Live with family

Employer: _____ Employer Telephone: () _____

Employer Address: _____
Number and Street City State Zip

Check One: Employed Unemployed Full-Time Student

	Last 3 Months	Last 12 Months
1. Income (includes wages, earnings, unemployment, public assistance, social security, workers' compensation, alimony, child support, pensions, income from dividends, etc.)		
2. Medical Expenses (includes copies of outstanding bills from other medical providers, etc.)		

***REQUIRED DOCUMENTATION: Please submit (at minimum) a copy of last year's tax return, last 3 paystubs (if applicable) and last 3 months' bank account statement as documentation for the income you entered above. Other types of documentation include copy of unemployment benefits, W-2, Form 1040, recent medical bills, etc.**

This application may be submitted to ProPath at any time during the billing and collection process.

I REQUEST THAT PROPATH DETERMINE MY ELIGIBILITY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. I UNDERSTAND THAT THE INFORMATION WHICH I SUBMIT IS SUBJECT TO VERIFICATION, AND I AUTHORIZE PROPATH TO VERIFY ANY INFORMATION IN THIS APPLICATION. I UNDERSTAND THAT IF INFORMATION WHICH I SUBMIT IS FALSE, IT WILL RESULT IN A DENIAL OF FINANCIAL ASSISTANCE. I AFFIRM THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date _____ Signature _____ Account # _____

Internal Use Only

Approved: _____ Denied _____ Comments: _____

Reviewed by: _____ Date Completed: _____



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