

Troy Medical Fairbanks

Financial Hardship Waiver Request

Confidential Patient Financial Assistance Application

Questions: (907) 268-2737

Troy Medical is committed to ensuring financial hardship does not prevent access to quality care. All information is strictly confidential.

PATIENT INFORMATION

Patient name

Date of birth (MM/DD/YYYY)

Address

City / State / ZIP

Phone

Chart # (if known)

Balance owed (\$)

HOUSEHOLD, INCOME & ASSISTANCE REQUESTED

in household

Monthly income (\$)

Income source

Insurance

Assistance requested

☐ Full balance waiver ☐ Partial balance reduction

REASON FOR HARDSHIP

Please describe your situation

Please bring the signed form to the clinic. Do not email patient information.

Mountain View Medical Center, 2555 Phillips Field Road, ste 102, Fairbanks, AK 99709 · (907) 268-2737

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CERTIFICATION & SIGNATURE

I certify the information provided is true, accurate, and complete. I understand that false information may result in denial of assistance and/or collection of the full balance. I authorize Troy Medical to review this application to determine eligibility.

Patient signature

Date

Printed name

Relationship to patient

OFFICE USE ONLY

☐ Approved ☐ Partial approval ☐ Denied

Amount approved (\$)

Plan terms

Staff signature

Date

Staff name / title

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