



**CAREPLEX ORTHOPAEDIC  
FINANCIAL ASSISTANCE APPLICATION**

Patient Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Phone# \_\_\_\_\_

Patient Address \_\_\_\_\_

Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

**Family Members** (List spouse and dependent children under 18 years, or as listed on your taxes and their date(s) of birth):

<i>Name</i>	<i>Date of Birth</i>	<i>Name</i>	<i>Date of Birth</i>
1. _____ / _____	4. _____ / _____		
2. _____ / _____	5. _____ / _____		
3. _____ / _____	6. _____ / _____		

**APPLICANTS MUST SUBMIT ALL REQUIRED DOCUMENTS IN THE SAME MAILING TO:**  
*COASC Financial Assistance Program  
 3000 Coliseum Drive  
 Hampton, Va. 23666*

Please answer each question and provide the information requested

**UNINSURED PATIENTS MUST PARTICIPATE WITH OUR INSURANCE ELIGIBILITY**

<b>Please answer all questions listed below</b>	<b>If YES, please provide the following for <u>EACH</u> member of the household receiving the benefit.</b>
Is any member of your household <b>self-employed</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPLETE TAX form(s) including business taxes from the most recent tax year and latest quarterly filing listing income for quarter
Is any member of your household <b>employed</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	3 most recent pay stubs or signed letter from employer
Is any member of your household receiving <b>unemployment benefits</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Benefit letter or Unemployment printout from State website
Is any member of your household receiving <b>Social Security</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	SS benefit letter or complete bank statement if direct deposited
Does any member of your household receive a <b>Pension or Retirement</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Pension/Retirement letter or complete bank statement if direct deposited
Does any member of your household receive <b>SNAP benefits</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	SNAP Letter
Does any member of your household receive a <b>Child Support</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Court ordered document or letter from non-custodial parent
Does any member of your household own <b>rental or investment property</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rental agreement/documentation listing income amount
Does any member of your household have <b>other sources of income</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Stocks, Bonds, CD's additional property, etc... Attach current statement(s)
Does any member of your household have a <b>checking, savings or money market account</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Attach complete copy of current 30 day statement for each account

**NO INCOME:**  YES  NO

If your household is claiming no income you must provide a notarized letter stating such.



Careplex Orthopaedic ASC, reserves the right to validate information reported in the Financial Assistance application, such efforts to validate personal income or lack thereof, will be conducted in such a manner as to maintain the utmost confidentiality and in no way generate any report by any credit bureau agency that could adversely affect the privacy of the applicant.

If you need additional assistance, please visit a financial counselor at 757-736-4103.

3000 Coliseum Drive, Hampton VA 23666

Monday – Friday 8:30 AM to 4:30pm

**CarePlex Orthopaedic Ambulatory Surgery Center  
Financial Assistance Policy for Patients Plain Language Summary**

If you are uninsured or unable to pay your bill, please contact us at the number below to see if you are Eligible for financial assistance. Free care is available to any uninsured patient whose income is 250% or below the federal poverty level as published annually by the U.S. Department of Health and Human Services (see <http://aspe.hhs.gov/poverty/index.cfm> for the current guidelines.)

The complete financial assistance policy, along with an application for financial assistance, can be found at <http://www.careplexortho.com> Paper copies are also available at the patient registration area of the CarePlex Orthopaedic Ambulatory Surgery Center and will be mailed free-of-charge to a patient upon request:

Requests by phone: 757-736-4103

Requests by mail: CarePlex Orthopaedic Ambulatory Surgery Center

Attn: Financial Assistance

3000 Coliseum Drive

Hampton, VA 23666

Patients may also call or visit the above location to receive assistance with the application process. Patients eligible under the financial assistance policy will not be charged more than amounts generally billed to individuals who have insurance covering such care.