



Financial Hardship Reduced Rate Application

The Financial Hardship Reduced Rate Program is designed to help patients with medical needs who, due to financial hardship, are unable to afford acupuncture treatments and herbal prescriptions at Balance Wellness.

To be considered for the program, please fill out the application below. Patients are approved for this program for a 6-month interval after which they will be required to re-apply. There are a limited number of spaces for Reduced Rate patients at Balance Wellness, so please know that if you are not immediately accepted, space may open up for you in the future.

We will consider your application and inform you if you are approved.

Name: _____

Email: _____

Cell Phone: _____

Alternate Phone: _____

Relationship Status: _____ # of adults in household: _____ # of dependents in household: _____

Occupation: _____ Full time / Part time: _____ # of hours / week: _____

If unemployed, date of unemployment: _____ Are you receiving unemployment: Y/N _____

Are you insured? Y/N _____ *Please include insurance information (member ID#, group #) if you would like us to verify acupuncture coverage.*

Description of health condition and how it affects your daily activity:

Explanation of financial hardship (include details regarding your current income including any government or family assistance):

My signature attests that the information I have provided on this form is accurate and true to the best of my knowledge. I understand that incomplete applications will be denied.

Patient's Signature _____ Date: _____

Patient Name (print): _____