

# FINANCIAL CONSIDERATION REQUEST FORM



\_\_\_\_\_ THE FINANCIAL CONSIDERATION REQUEST MUST BE FILLED OUT FOR EACH PROVIDER SEEN \_\_\_\_\_

Date of Service (Visit Date) \_\_\_\_\_

Provider \_\_\_\_\_ Pt Acct #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance at above Date of Service: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Monthly Household Income: \_\_\_\_\_ Monthly Expenses: \_\_\_\_\_

Have you been offered to be put on a payment plan for this balance?  Yes  No

What is the current balance that is owed? \_\_\_\_\_

How much would you like your balance to be reduced by: \_\_\_\_\_

Please Indicate the Reasons Why You are Requesting Assistance with Charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information listed above is true and correct to the best of my knowledge. Giving false information will nullify this agreement and payment will be due in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLINIC USE ONLY

\_\_\_\_\_

If Clinic is requesting consideration, please add comment:

\_\_\_\_\_  
\_\_\_\_\_

## FOR BUSINESS OFFICE ONLY

\_\_\_\_\_

As of \_\_\_\_\_ the patient owes the following for this DOS: \_\_\_\_\_

Has the patient been offered a payment plan?  Yes  No

Did the patient decline a payment plan?  Yes  No

Did the patient default on a payment plan?  Yes  No

Has the insurance been billed?  Yes  No

Do we anticipate more payments from the insurance company?  Yes  No

## CONSIDERATION DECISION

\_\_\_\_\_

Consideration denied: Yes \_\_\_\_\_ No \_\_\_\_\_

IF NO:

Reduce the balance listed above \_\_\_\_\_ In Full \_\_\_\_\_ OR by \_\_\_\_\_ % OR by \$ \_\_\_\_\_

\_\_\_\_\_

Print Name of Approver:

\_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Approver:

\_\_\_\_\_

The application must be signed by the patient and emailed to [charityapplication@reverehealth.com](mailto:charityapplication@reverehealth.com)  
or mailed to Patient Services 1055 N 500 W Suite 102, Provo, UT 84604

Date of Adjustment: \_\_\_\_\_

Amount Adjusted: \_\_\_\_\_