

SAMPLE NOTICE OF FINANCIAL HARDSHIP

Statement of Financial Hardship

Sometimes proper medical care may seem to be out of reach due to special financial difficulties or circumstances. In my office, we are concerned that you receive appropriate eye care even if you are experiencing money problems.

Please let me know about your circumstances so we can make suitable adjustments to your bill. This information is strictly confidential.

CHECK ALL THAT APPLY:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bankrupt | <input type="checkbox"/> Dependent on family for support |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Large medical expenses |
| <input type="checkbox"/> No Insurance | <input type="checkbox"/> Social Security only |
| <input type="checkbox"/> Sick Spouse | <input type="checkbox"/> Retired, fixed income |
| <input type="checkbox"/> Few Assets | <input type="checkbox"/> Very low income |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other, describe below |

In a few words, describe your circumstances and how we can help make your eye care affordable.

SIGNED: _____ DATE: _____