



smart choice MRI™

Dear Patient and Family:

In keeping with its mission and core values, Smart Choice MRI, LLC is committed to providing health care for people regardless of their financial status.

Financial Assistance: Patients who do not have health insurance and who are unable to pay for all or part of their MRI services, may apply for financial assistance by completing and returning this form. Smart Choice MRI will work with patients to see if they qualify for financial assistance. If financial assistance is granted, some or all charges may be lowered.

Application Process: To apply for financial assistance, complete and fax this form to (844) 332-3974. The following information must be included with the application:

1. Most recent Federal Tax Returns-Form 104 and if self-employed add Schedule-C documents.
2. Copies of the most recent income information for each person in the household including pay stubs, Social Security, unemployment, retirement, pensions, etc.
3. If the household is receiving financial support from family or friends, provide a letter detailing the support from the assisting party. Smart Choice MRI may also request proof of income depending on the level and duration of support.
4. Without the above listed items, Smart Choice MRI will be unable to process the application.

Questions? Please call our Insurance/Billing Department at (414) 431-0309.

This completed application, including the supporting information, should be returned within 7 days of receipt, or prior to your scheduled appointment.

By submitting an application for assistance, patients give Smart Choice MRI consent to make necessary inquiries to confirm financial obligations or references.

Sincerely,

Smart Choice MRI, LLC

IV. EXPENSES AND ASSETS

Rent _____ Recreational vehicles _____
Mortgage payment _____ Send proof Health insurance premiums _____
Mortgage balance _____ Send proof Stocks, bonds, retirement accounts, etc. _____
Cost of utilities _____ Monthly child care _____
Checking account balance _____ Real estate other than primary home _____
Savings account balance _____ Other assets _____
Car payment _____
Year and make of vehicle _____

Are you a full-time student? _____ Please send student loan report.

Do you receive any forms of public assistance? (food stamps, HUD housing, etc.) _____ If yes, please proof.

Monthly costs of of medications or medical supplies _____

Are you being supported by a parent or other person? YES NO

If yes, please provide income and tax information of the person supporting you.

If you need to write a letter explaining your individual ituation please attach to this form.

V. REQUIRED INFORMATION - Must be included with this application

Please check that you have included the following:

- Copy of previous year's tax returns Copy of at least 3 months bank statements Income verification showing earnings or pay stubs for all income year to date
- If you are self-employed, please include a copy of the last 12 month's P&L statements and last year's tax return

Additional information may be required in order to process your application. If so, we will contact you.

VI. AUTHORIZATION

I hereby certify the information contained in the above financial questionnaire is correct and complete to the best of my knowledge. I authorize Smart Choice MRI, LLC to verify any or all information given and understand that a credit report may be ran as part of this verification process.

X _____
Responsible Person's Signature

Date

