



**Financial Assistance Determination Notice**

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

- **Approved** – Your request for Financial Assistance has been approved. Your qualifying discount is \_\_ %.\*

- Discount is approved as one-time only.
- This application and any discount given is applicable to only the account and date of service specified. Future accounts are subject to routine billing.

- **Denied** – Your application for Financial Assistance has been denied for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Pending** – Your application is pending. To complete your Financial Assistance application we are still in need of the following information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were denied Financial Assistance please contact the Business Office at (484)526-3117 for payment plan options.

Signed: \_\_\_\_\_