



Financial Application

Online Payment Processing Available www.nkyent.com

Without an approved financial application, past due balances will be turned over for professional collections. To be considered for financial arrangements, please send this completed form to **40 N Grand Ave, Suite 101, Fort Thomas, KY 41075** or email **Billing@nkyent.com** within **(10) days**. All information requested must be provided or your application will be returned. You will be contacted when a decision is made.

You must include a copy of recent related documents verifying all income:

**Payroll Check Stubs **Unemployment Voucher **Federal Tax Return **W-2 Form **Disability Letter

Patient Name _____ Social Security Number ____/____/_____

Patient Date of Birth ____/____/_____ Patient Age _____

Guarantor Name _____ Social Security Number ____/____/_____

Guarantor Address _____

Phone Numbers _____

Patient Date of Birth ____/____/_____ Guarantor Relationship to Patient _____

Household Members: _____

Monthly Household Income	Amount	Monthly Household Expense	Amount
Total Salary	\$	Rent/Mortgage	\$
AFDC	\$	Utilities	\$
Social Security	\$	Food	\$
Retirement Income	\$	Medical Bills	\$
Veterans Benefits	\$	Other List Below:	
Interest Income	\$		\$
Unemployment Benefits	\$		\$
Child Support	\$		\$
Other List Below:			\$
	\$		\$
	\$		\$

Requested Payment Arrangements

\$ _____ for _____ Months First Payment Date _____

Other _____

I understand that the reason for providing this information is only to seek financial assistance with my account. I understand that the information I am providing is strictly confidential. I certify that the information I am providing is true and correct.

Print Name	Signature	Date
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