



Financial Application for Monthly Payments Less Than \$100.00
 Online Payment Processing Available www.nkyent.com

Without a minimum payment of \$100 per month or an approved financial application, all past due balances will be turned over to 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. If you have any questions, feel free to contact us at 859-572-3030.

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

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

*** If your income is greater than \$30,000, you must include copies of bills verifying your expenses.**

Account # _____

Patient Name _____ Social Security Number _____ / _____ / _____

Patient Date of Birth _____ / _____ / _____ Guarantor Name _____

Guarantor Address _____

Phone Numbers _____

Household Members: _____

Household Expenses listed below will be the only bills considered on this application.

Monthly Household Income	Amount	Monthly Household Expense	Amount
Total Salary	\$	Rent/Mortgage	\$
AFDC	\$	Utilities	\$
Social Security	\$	Food	\$
Retirement Income	\$	Medical Bills	\$
Veterans Benefits	\$	Prescriptions:	\$
Interest Income	\$	Child Care:	\$
Unemployment Benefits	\$	Car Payment:	\$
Child Support	\$	Car Insurance:	\$
		Fuel for Cars:	\$
TOTAL	\$	TOTAL	\$

Requested Payment Arrangements \$ _____ for _____ Months First Payment Date _____

Other _____

I understand that the reason for providing this information is only to reduce my monthly payment obligation of less than the required minimum payment of 100.00. 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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Mail 40 N Grand Ave, Suite 101, Fort Thomas KY 41075, **Fax** (859) 572-3039, **Email** Billing@nkyent.com or **Drop Off**