synapse HEALTH

FINANCIAL HARDSHIP FORM

Patient Name _____ Date of Birth _____

Type of Income	Amount	Type of Expense	Amount
Unemployment		Rent/House Payment	
Retirement account withdrawals (taxable amounts ONLY		Auto Payment	
Farming/fishing (net)		Auto Insurance	
Rental/royalty (net)		Utilities (electric, phone, gas,water)	
Alimony received		Food/ Clothing	
Social Security (taxable amount ONLY)		Credit Card Payments	
Other (indicate type)		Health Insurance	
		Medical Expenses	
Total		Total	

You **MUST** submit proof for each type of income you have listed for each person on this application. **We can't approve this exemption without a signed and dated Financial Hardship Form, your most recent bank statement, and your most recent income statement.**

This **Financial Hardship Form** should be completed, signed and dated within the *Dropbox Sign* application. Your **most recent income and bank statements** should be uploaded by scanning the QR code or accessing the below link. After creating your account in our Patient Portal, you'll have access to a secure and convenient way to complete important tasks, such as filling out this form. The portal is the fastest and most secure way to manage your information from any device.

getmydme.com

Alternatively, all three documents can be returned by mail to:

Synapse Health, Inc
169 Madison Avenue, Suite #15752
New York, NY 10016

Income Type Documents
The table below lists possible documents for each type of income. You may submit other documents, not on the list, if they're included in the income amount you listed on your application.

If you expect your income to increase or decrease during the year for which you're requesting this exemption, you can provide other documents, like a document that states when contract work will end. If any of your income comes from freelance work, you can fill out an accurate, detailed record of your expected income and expenses for the year.

<u>All income types</u>
JOB
- One or more pay stubs that show the typical pay and hours you work at the job. The pay stubs should show the gross amount and any tips, commissions, bonuses, or overtime pay.
- Wages and tax statement (W-2) from the most recent year
- 1099-MISC (Non-employee compensations)

NET SELF-EMPLOYMENT
- Records of self-employment income and expenses
- Schedule C
- Form 1120S
- Other recent tax documents showing self-employment
- Copy of a check or other evidence of income for the services you provide

Other Income Documents
UNEMPLOYMENT
- Letter from government agency for unemployment benefits. If the document doesn't list the start and end dates, include on the document your best estimate of when the benefits will end.

RETIREMENT (TAXABLE AMOUNTS ONLY)
- 1099 or relevant tax document that list any withdrawal amounts
- Document showing taxable amount from account withdrawals

PENSION
- Pension letter
- 1099 or relevant tax document

RENTAL/ROYALTIES (NET)
- Lease agreement for land or property you own with lease amount/frequency
- Document showing royalty income
- 1099-MISC (royalty/rental income fields)

ALIMONY PAID/RECEIVED
- Court order or legal documents showing the monthly alimony amount and the start and end dates (if applicable).

FARMING/FISHING (NET)

- Schedule C, F.
- 1099-G.

SOCIAL SECURITY (TAXABLE AMOUNTS ONLY)

- Copy of most recent Form 1040 that shows the taxable amount in line 20b.

Certification:
You certify that the above information is true and accurate, and that this application is made to allow this health department to determine your eligibility for reduced out-of-pocket health care costs. If any of the information that you have given proves to be untrue, we will promptly re-evaluate your financial status and take action necessary to collect on your account.

_____

Signature of patient, or parent or legal guardian if patient is a minor.

Date: _____

Name of Insurance Company: _____

Policy Number: _____

Phone Number: _____

Email: _____