PLEASE READ THIS PAGE BEFORE COMPLETING YOUR APPLICATION FORM TO BE SURE YOU HAVE INCLUDED ALL REQUIRED INFORMATION.

An Application for Financial Hardship for medical expenses and fees must be made in accordance with ENT/QMMS' Financial Hardship policy.

Applicants may request and complete a Financial Application Form. The form can be obtained from your physician's office location or online at www.entandallergy.com/Forms . Forms can also be obtained from the billing office by calling 914-333-5900, or by emailing a request to questions@entandallergy.com.

Completed forms can be returned to us via email at questions@entandallergy.com , or by fax at (914)418-9017. You can also mail your forms with documentation to ENT and Allergy Associates, LLP / Quality Medical Management Services, LLP, Central Billing Office, 660 White Plains Road, 4th Floor, Tarrytown, NY 10591 Attn: Raven Geraghty.

Applicants are required to submit a completed form and all required information within the first 90 days of the first statement date.

Required Information:

ENTA/QMMS requires specific information to support claims of financial hardship including verification of expenses and income which include the following:

- Proof of Income (All Sources):
    - Recent Income Tax Return (along with proof of submission) and W-2 form for yourself and your spouse. If you do not have an income source, please include a letter of support, signed and dated, from the person providing your daily living expenses.
    - Last two (2) recent Paycheck stubs
    - Proof of Unemployment Income
    - Proof of Social Security or Disability Income
    - Income from Rental Properties
    - Alimony Income

- Proof of Expenses
    - Rent/ Mortgage Property Tax Payment
    - Utilities (Water, Gas, Electric)
    - Outstanding Student Loan Payments
    - Other Outstanding Medical Debt

*Do Not Include Cable, Cell Phone, Credit Card Debt, Car Payment, etc. as we do not consider these expenses as part of the financial hardship process.

ENTA/QMMS administrative staff will maintain the confidentiality of all information and documentation related to the financial hardship waiver process. Only ENTA/QMMS administrative staff involved in

processing and reviewing information submitted in support of a request to reduce or waive medical expenses will review the information submitted.

ENTA/QMMS will consider household income verses the Federal Poverty Level for the number of people in your household.

Timeframe

Once the Completed Financial Hardship Application is received, we will allow 2 weeks for review and another week for processing.

Applicants will receive a notification letter outlining whether the application has been approved or denied. If an application is denied, and the applicant's financial situation has changed significantly, the patient or financial guarantor may reapply.

YOUR REQUEST CANNOT BE CONSIDERED FOR PROCESSING UNLESS THE APPLICATION AND FINANCIAL STATEMENT IS FULLY COMPLETED AND SIGNED.

Applications and supporting documentation should be returned to us as soon as possible to be considered for financial assistance.

Please complete the application and attached financial statement. All forms and required documentation may handed in person to the Practice Site Administrator at your physician's office or sent directly to ENT and Allergy Associates, LLP/ Quality Medical Management Services,, LLP (QMMS), Attn: Raven Geraghty, Billing Operations Manager: Central Billing Office, 660 White Plains Road, 4th Floor; Tarrytown, NY 10591. Fax: 914-418-9017.

All information relating to financial hardship requests will be kept confidential.

Patient Name:	*(Last Name)*			*(First Name)*	
Street Address:					
City:		State:		Zip:	
Email Address:					
Phone:			Date of Birth:		
Household Size (including applicant):	# of Adults:		# of Children (under 18):		
SS#:			Date of Service:		

If person completing this Application is different than patient listed above:			
Financial Guarantor *(if not patient):*	*(Last Name)*		*(First Name)*
Phone::		Relationship to Patient:	

Do you have Health Insurance? Medicare? Medicaid?	☐ Yes ☐ No
If yes, what insurance do you have?	

If no, please explain why.		
☐ Check here if you are unemployed.	How Long?	
Are you collecting unemployment benefits?	☐ Yes ☐ No	
☐ Check here if are on Social Security.	How Long?	
☐ Check here if you are on Disability.	How Long?	
☐ Check here if you getting food stamps or any other monetary assistance. What type?		

COMMENTS: Please feel free to write in the space below or on the back of this page any additional information that may assistant ENTA/QMMS in evaluating your financial need:

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Conditions of Financial Hardship Application

Approval for financial hardship does not guarantee a right to continued consideration and/or participation. Applicants must re-apply each year (or when financial circumstances change). By signing below, I certify that all the information on this application is true and correct, that all required financial documents are attached, and that all income is reported

Signature: _____ Date: _____