

SLE-KEY RULE OUT TEST

SLE-KEY SAVINGS PROGRAM

Application

1. Are you currently employed? _____ Yes _____ No
 - a. If yes, where are you employed _____
 - b. How long have you been employed there? _____
 - c. What is your position? _____
2. What is your annual income from all sources? _____
3. Do you support any one other than yourself, and if yes, who (Children, parents, spouse, etc.), approximate cost and for what items

4. Do you have any unusual expenses? (i.e. other medical expenses, etc.) and, if yes, please list them with the amount owed.

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5. Please provide any other information that you may think is appropriate for our consideration:

Your signature must accompany this form, and your signature indicates that you attest that this information is true and accurate.

Signature

Date

Printed Name and Address

Please return to: **PO Box 206013 Dallas TX 75320 or fax to 973-748-0586**

We will review this information and you will be notified of our acceptance/non-acceptance into the program within 30 days of application. Application for the financial hardship does not guarantee acceptance and the patient may remain responsible for the balance due.