843 N Cleveland Ave Loveland, CO 80537
970.461.2811
www.naturesmedicine420.com

PHP APPLICATION

Patients helping patients

Patient's Full Name ____
Service Requested____
Patient's Date of Birth_________________ Patient's SS#________________
Guarantor's Full Name ____
Patient Phone # ___________________Spouse Phone # _________________
Present Street Address____
City ________________State______________ Zip____________________
Employer ____
Phone # __________________________
Spouse Employer ____
Phone # __________________________
Name of nearest relative not living with you__________________________
Address____
Relationship ____________________Phone________________________

Number of Household Members ____________
Ages of Household Members____

LIST BELOW, THE TOTAL FAMILY ANNUAL INCOME OF ALL THE MEMBERS OVER 18 YEARS OF AGE: Gross or Net (circle one)

Wages $________________________________
Farm or Self Employ $_____________________
Public Assistance $ ______________________
Social Security $ _________________________
Unemployment Comp $____________________
Workman's Comp $ ______________________
Alimony $ _____________________________
Child Support $ _________________________
Military Family Allotment $ _______________
Pensions $ _____________________________
Dividends, Interest, Rent $ ________________
Strike Benefits $ _________________________

TOTAL INCOME $ ____________________

LIST BELOW, THE TOTAL FAMILY ASSETS:
Checking Account $ ________________________
Savings Account $ _________________________
Certificate of Deposit $ _____________________
Securities $ _______________________________
Real Estate Owned $ _______________________
Automobile Owned $ _______________________
Stocks & Bonds $ __________________________
Other: $ __________________________________
* Farm Equip/Livestock $ ____________________

LIST BELOW, YOUR TOTAL OBLIGATIONS:$
Rent $ ______________________
House Payment $ _____________
Car Payment $ ________________
Other $ ______________________
Credit Card Payment $ ___________
Finance Companies $ ____________
Make & Model of Cars ____

TOTAL OBLIGATIONS $ __________________________

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I GIVE PERMISSION TO VERIFY THE ABOVE INFORMATION.

Signature____ Date: _____________

FOR OFFICAL USE ONLY
Approved Date:_________
Comments:____
____
Date Denied Date: _______________________________
Approved by: ___________________________________

NATURES MEDICINE PATIENTS HELPING PATIENTS PROGRAM

STATEMENT OF PURPOSE
To provide assistance to patients who cannot afford to pay for medication or any of our other services. Written notice of Non-qualification may be requested.
This facility does not discriminate against a patient because of race, creed, color or national origin. Patient eligibility is determined by family income and assests.

GUIDELINES - VERIFICATION OF INCOME AND ASSESTS
Patient eligibility for PHP we determined by measuring family income against the Income Poverty Guidelines.
To verify annual income, the applicant will be required to provide the following:

1. Must be a U.S. Citizen (an exception must be approved by the CFO).
2. Current Pay Stubs
3. Copy of your most current income tax return, including all schedules.
4. Any applicable forms approving or denying unemployment compensation or Workers' Compensation.
5. Written verification of wages from employer if pay stubs are not available.
6. Written verification of public welfare agencies.

INCOME GUIDELINES:

Household Size	Maximum Gross Monthly Income	Household Size	Maximum Net Monthly Income
1	$1127	1	$867
2	$1517	2	$1167
3	$1907	3	$1467
4	$2297	4	$1767
5	$2687	5	$2067
6	$3077	6	$2367
7	$3467	7	$2667
8	$3857	8	$2967
Each Addl.	+$390	Each Addl.	+$300

* For family units with more than 8 members, add $3,740 for each additional member
* Students, regardless of their residence, who are supported by their parents or other related by birth, marriage, or adoption are considered to be residing with those who support them.
* Assets are reported as a part of the application. If there are sufficient assets to pay account, then payment will be expected.
* Determination of eligibility will be made within thirty working days and the applicant will receive written notice of acceptance or denial.
* Applications may be obtained from Natures Medicine LLC facility