



435 W. Washington St.
Springfield, IL 62702
E. Thrive@thrivecenterforwellness.com
P. 217.203.6600
W. www.thrivecenterforwellness.com

Self-Pay Application

Thrive Center for Wellness abides by the contractual and legal obligations of health benefit plans to collect charges, co-payments, co-insurance, and deductible amounts owed by patients. Recognizing that circumstances may arise when an individual is unable to pay in full at the time of service, Thrive Center for Wellness has adopted a policy of screen requests for discounts, delayed payments, or forgiveness of debt based on individual circumstances. To do this, we must ask for certain financial information. *All information will be held confidential according to our privacy policy.*

Please provide the document(s) listed below for each adult family member:

- **Copies of the most recent pay stubs or unemployment / social security benefits for the past two (2) months**

Please complete this form to the best of your ability.

Name: _____ Date of Birth: _____

Number of dependents in household: _____ Number of students in household: _____

Phone: _____ Email: _____

Type of assistance requested: Payment Plan Discounted cash services
Employment Information

Name: _____ Employer: _____

Address: _____

Phone: _____

Name: _____ Employer: _____

Address: _____

Phone: _____

Name: _____ Employer: _____

Address: _____

Phone: _____

Name: _____ Employer: _____

Address: _____

Phone: _____

If you are unemployed, please answer the following questions:



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When was your termination? _____ Employer: _____

Address: _____

Phone: _____

If you have been laid off, please answer the following questions:

Is this lay off temporary? YES NO Employer: _____

If YES, for how long? _____ Address: _____

Phone: _____

Household Financial Information

Monthly Income (after payroll deductions)		Monthly Expenses (not including payroll deductions)	
Salary		Mortgage / Rent	
Unemployment / Severance		Auto Loan Payment / Transportation Fees	
Self-Employment		Non-reimbursed work expenses (e.g., parking, tools, etc)	
Interest / Dividends		Insurance (e.g., life, home owners, car, etc)	
Pension / Disability		Utilities (e.g., gas, water, electric	
Child Support / Alimony		Telecommunications (e.g., cable, internet, phone)	
Short Term Disability		Medications	
Long Term Disability		Childcare	
Rental Income		Child support / Alimony	
Other:		Personal property taxes (e.g., home, auto)	
		Other:	
Total average income		Total average expenses	

By my signature below. I certify that this information is true and complete. I grant Thrive Center for Wellness permission to verify the information, and I acknowledge that completion of this form does not guarantee discount, payment plan, or forgiveness of debt.



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Printed Name _____ Signature _____ Date _____

Reviewed by: _____
Signature _____ Date _____

Comments: _____

