



NYU Langone Health Faculty Group Practice  
Financial Assistance Application

For Internal use only Account # _____
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Please send completed application and supporting documents to:

NYU GROSSMAN SCHOOL OF MEDICINE  
FACULTY GROUP PRACTICE  
P.O. BOX 415662  
BOSTON, MA 02241  
Fax #646-754-7566  
Email: NYUPhysicianServices@nyulangone.org

Patients treated in the NYU Langone Health Faculty Group Practice (FGP) are responsible for paying all applicable out-of-pocket costs associated with their care including copayments, coinsurances and/or deductibles.

The FGP Financial Assistance Program provides discounts for some individuals who do not have health insurance or who have exhausted their health insurance benefits and certain income guidelines for eligible services. Exclusions to this program include, but are not limited to, covered services and elective procedures for patients who are enrolled in insurance plans which providers do not contract with.

To be eligible, a patient must reside in New York State or the state in which the service(s) were provided, and be a US Citizen or legal resident. We will consider applications on a case-by-case basis. This application does not apply to any NYU Langone Health hospital balances.

To ensure timely processing, please submit all requested documentation within 14 business days.

Patient Information	Name (Last, First, MI)			Date of Request	
	Street Address		City	State	Zip
	Home Phone ( ) SSN	Work Phone ( ) Preferred Date of Birth	Cell Phone ( ) Preferred Marital Status		

Other:

	Guarantor Employment Status & μ]au ' Wš ]Œ š ' h v u % o Ț Ç š ] Œ Other:	
	Spouse Employment Status & μ]au ' Wš ]Œ š ' h v u % o Ț Ç š ] Œ Other:	
	Monthly Salary/Unemployment/Disability Income	
Last Day Worked (if applicable)	Household Size	Total Household Income

