



39 Norman Street, Salem, MA 01970

Financial Hardship Application

Commonwealth Diagnostics International, Inc. (“CDI”) understands that healthcare expenses can place a strain on patients and believes that a patient’s physical health should not be dependent on a patient’s financial situation. This Financial Hardship Application is used to assist CDI in determining your eligibility for a financial hardship discount for of out-of-pocket medical expenses owed to CDI. Please complete all the requested information on this form, sign at the bottom, and return the signed form to CDI by mail or fax, to one of the following:

Mail

Fax

Commonwealth Diagnostics International, Inc.
39 Norman Street
Salem, MA 01970
Attn: Billing Department

888-258-5973

If you have any questions, please contact the Billing Department at (888) 258-5966.

Patient Name	
Patient Address	
Patient Phone	
Patient Date of Birth	
Number of Household Members	
Total Monthly Household Income	

CERTIFICATION AND AGREEMENT

I am completing this application to enable Commonwealth Diagnostics International, Inc. to determine my eligibility for a financial hardship discount for out-of- pocket medical expenses owed to CDI. I authorize CDI to verify any information contained in this document for that purpose. I certify that this information is true, accurate and complete in all material respects. The financial hardship discount decision will be emailed to the guarantor’s email address provided.

Patient Signature: _____

Print Name: _____

Date: _____