

**Coeur d'Alene**  
700 W. Ironwood Drive, Suite 155  
Coeur d'Alene, ID 83814



**Post Falls**  
1300 E. Mullan Avenue, Suite 1000  
Post Falls, ID 83854

**Hayden**  
9095 N. Hess Street  
Hayden, ID 83835

**Phone:** 208-667-0585      **Text:** 208-203-8301

## One-Time Financial Hardship Request Form

### Request for Balance Write-Off

#### Section 1: Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient ID/Account Number (if known): \_\_\_\_\_

#### Section 2: Responsible Party (Parent/Guardian if applicable) Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Section 3: Financial Hardship Request

I am requesting that a portion or the full balance associated with the services listed below be considered for a one-time courtesy write-off due to financial hardship or other circumstances as explained below.

CPT Code(s): \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Provider (if known): \_\_\_\_\_

Total Balance for Consideration: \$ \_\_\_\_\_

Brief Description of Financial Hardship:

(Please explain your current situation. Attach additional documentation if available.)

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#### Section 4: Supporting Documentation (Optional but Helpful)

Please attach any of the following, if available:

- Proof of income (pay stubs, W-2, etc.)
- Unemployment or disability benefits statement
- Medicaid/CHIP eligibility
- Letter of explanation from social worker or case manager

**Section 5: Acknowledgment**

By signing below, I certify that the information provided is accurate to the best of my knowledge. I understand that this request is for a one-time courtesy adjustment and does not guarantee future write-offs or discounts. I also understand that if this request is approved, it will only apply to the specific CPT code(s) and date(s) of service listed above.

Signature of Patient/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_ Reviewed By: \_\_\_\_\_

☐ Approved

☐ Denied

Notes: \_\_\_\_\_

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Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Created by: SC

Last Update: 05/27/2025