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Robin Wedell, RN

Assistant Director
Donna Louie, RN

Medical Advisory Board
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Abha Khandelwal, MD
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David Maron, MD
Irene Ritterman, NP
Karen Ross, RD
Katharine Sears-Edwards, PhD
Seema Sinha, MD
Jennifer Tremmel, MD
Randy Vagelos, MD

Medical Consultant
Frank Koch, MD

Request for Financial Assistance to Participate In the HeartFit For Life Program
(New/Prospective Members)

Due to my medical condition, which is described in my physician referral form, my doctor has referred me to the HeartFit For Life rehabilitation program.

I have met with or will meet the Program Director and believe that I could benefit from regular participation in the program; however, due to my personal financial situation I cannot participate in this program without financial support in the form of a scholarship from HeartFit For Life.

I understand the Initial Evaluation fee to start the program is $225 and am requesting a scholarship of $__________, which will reduce my Initial Evaluation fee to $__________.

I understand that the monthly fee for participation in the program is $175. I understand there are scholarships available.

Scholarship levels:

1. $140 scholarship reducing the monthly fee to $35 per month.
2. $110 scholarship reducing the monthly fee to $65 per month.
3. $80 scholarship reducing the monthly fee to $95 per month.
4. $50 scholarship reducing the monthly fee to $125 per month.

Based on my financial situation I am requesting a scholarship of $__________, which will reduce my monthly fee to $__________. I understand that this scholarship will continue for the initial three (3) month period of my participation in the HeartFit For Life program.

After the initial program participation period of three months, the Program Director will review the results and benefits of the program with me. The Program Director and I will determine whether additional participation in HeartFit For Life is appropriate. If I require additional scholarship support to continue participation in HeartFit For Life, I may apply for an extension of this Scholarship.

I realize that HeartFit For Life has a limited amount of funds that can be used for scholarships and that under this program,

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scholarship assistance is reviewed annually. Should my financial situation change such that I am able to increase my monthly payment to HeartFit For Life for participation in the program I will notify the Program Director to discuss a change in the scholarship amount.

Request submitted by:

____
Signature

____________________________ ______________
Printed Name Date

Request approved by:

____________________________________ ______________
Name Date

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Application for Financial Assistance

Name: ____________________

Phone: ____________________

Address: ____________________

____

Employer: ____________________

Phone: ____________________

Family Size: Adults: _________ Children: _________

Name: ____________________ Age: ____________

Name: ____________________ Age: ____________

Name: ____________________ Age: ____________

Monthly income from all wages and salaries: $____________________

Other income (public assistance, child support,
Social Security, alimony, interest, rent, etc.): $____________________

What was your family's income for last year? $____________________

List any extraordinary family expenses (e.g., medical, alimony, loans, educational, etc.) by type and amount:

____________________ $____________

____________________ $____________

____________________ $____________

____________________ $____________

____________________ $____________

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Explain why you would like to be considered for financial assistance (include any special circumstances):

____

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Please provide a copy of your last 1040 tax return form. It will be returned to you.

I certify that the above information is true and complete to the best of my knowledge.

Signed: ____ Date: ________________

This Form is Strictly Confidential

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