

# TOMPKINS CHIROPRACTIC LLC

## Financial Hardship Chiropractic Care Program

I \_\_\_\_\_(print name) am applying for the financial hardship program at Tompkins Chiropractic. Due to financial hardship I acknowledge that I currently am making less than \$16,000 AGI (Adjusted Gross Income) annually per individual or \$32,000 per household and do not have health insurance or my health insurance does not cover chiropractic care.

I currently am making \$\_\_\_\_\_AGI Individually/Family (circle one).  
*\*\*Please provide most recent paycheck or proof of income for verification of your financial situation\*\**

Patient Sign \_\_\_\_\_ Date \_\_\_\_\_

Doctor Sign \_\_\_\_\_ Date \_\_\_\_\_