

The Knox Clinic's policy is to provide essential services regardless of the patient's ability to pay. The Knox Clinic may be able to offer additional financial support based on circumstances. **This aid is given at the discretion of the Knox Clinic.**

Please complete the following information and return to the front desk to determine if you or your family members are eligible for financial assistance. You will be notified of your approval status within 10-15 business days. If denied, you may submit an appeal within 14 days with additional supporting documents.

This aid applies to services received at the clinic as specified within the application but not those services or equipment purchased outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services.

Any individual applying for financial assistance must also complete a new patient information form and the Knox Clinic's Sliding Scale Application, regardless of insurance status.

Name _____ Date of Birth ____ / ____ / ____

Phone Number _____ Email _____

Date of last appointment ____ / ____ / ____ Amount due \$ _____

Appointment Type

Please list other resources you have utilized to help pay for your appointment(s):
