Your Mid Coast Health Net 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.**

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 u	tilized to help pay for your appointment(s):
I certify that to the best of my	nowledge all information provided

I certify that, to the best of my knowledge, all information provided on this application is accurate and truthful.



Please use the following page and any necessary attachments to explain why you are requesting financial assistance from the Knox Clinic. Be sure to include relevant details, such as any recent financial hardships and the duration of assistance needed (e.g., for a single appointment or multiple visits). If you require support for ongoing appointments, please explain why additional visits are necessary. You are also welcome to share any other information that may help us better understand your situation.