

Utah Diabetes & Endocrinology Center

Treasure Chest Application: 2011

Please complete the following information and return to the Diabetes & Endocrinology Center at the time of your appointment. Please include a copy of your W-2 for 2010, and a current pay stub.

Per the Diabetes & Endocrinology Center policy, eligibility for Treasure Chest funds will be provided based on comparison of monthly income with National Poverty Guidelines. Funds will not be provided unless monthly income is less than 150% of the national poverty level.

Eligibility for this program also requires that you schedule an appointment with a financial counselor, and provide the Center with proof of application and/or denial for Medicaid/Medicare as appropriate.

Updated financial information will be requested every 6 months by the Center to determine continuing eligibility

Financial resources will be provided only for Care and Education Services provided through the Utah Diabetes & Endocrinology Center.

Patient Name: _____ Today's Date: _____

Legal Guardian if patient <18 years old: _____ Relationship: _____

Date of Birth: _____ Phone number: _____

Employer: _____ Since: _____

Insurance provider: _____

Total Monthly Household Income: _____

Number of people living in your home: _____

With my signature, I certify that the above information is complete and accurate and that I understand and agree to the terms of receiving funding from the Treasure Chest if I am determined to be eligible for funding.

Sign here

Approved for: _____ Signature: _____