

Treasure Chest Application

Your name: _____

Today's Date: _____

Your appointment is with: _____ Date of appt: _____

Check One: Clinic Visit _____

Diabetes Education _____

Please fill in the following information to be reviewed for payment of your clinical/education appointment on the above date. You will be responsible for payment of your visit if you do not qualify for assistance from the Treasure Chest. Please return the completed form at least one week before your scheduled appointment in order for it to go through the necessary approval process. If you have questions, please call Jill Kittel at 587-3429 or Emily Brown at 587-3921 or email application to jill.kittel@hsc.utah.edu

Full Name: _____

Date of Birth: _____

Address: _____

Contact phone #: _____

Employer: _____

Medical Insurance: _____

Total Monthly Household Income: _____

Number of dependents: _____

I hereby certify, and would be willing to state under oath, that the information contained on this form is true and complete.

Signature