



Policy Exception Form Instructions

You have advised the Clinic you are financially unable to meet the criteria for payment of your account balance. In order to review your account and consider an exception to the Clinic's payment policy, the following information is required:

- 1) Completed Policy Exception Form.
- 2) Proof of income through prior year's tax return or current pay stub(s) from all family income sources.
- 3) If applicable,
 - A) Loan denial letter from at least one financial lending institution.
 - B) Proof of denial for financial assistance.
 - C) Proof of denial for a Medicaid Spend Down Card (Contact 270-746-7850 for information on Medicaid Spend Down Cards).
 - D) Proof of denial(s) for Medicare and/or Medicaid.
 - E) Other indication(s) of inability to access funds adequate to pay your account balance.

Please submit the above completed applicable information to:

Graves-Gilbert Clinic
Attention: Billing Department
P.O. Box 90007
Bowling Green, KY 42102-9007