Project Access Renewal Application





Patient Information:				
Last Name:	First Name:		MI:	
Date of birth:	SSN/ITIN:			
Current Address:			Apt #:	
City:	State:	Zipcode:	County:	
Phone number:	Email:			
Emergency Contact:				
Name:	Relation to Patient:			
Address:		Phone:		
Dependent/Household Information: (Please list anyone living Name	vith you) Date of birth		Relationship	
Updated Employment Information				
Patient: • I do not work	Spouse/S	Significant Other:	□ I do not work	
Employer/Income Source:	Employer/Income Sourc	e:		
Does your Employer offer health insurance? YES or NO	Does your Employer off	er health insurance?	YES or NO	
How many hours do you work per week?	How many hours do you	work per week?		
Employment Income:	Employment Income:			
If you are not currently working, who is supporting you?:		Relationship:		

Updated Medical Information:						
Do you have health insurance? YES or NO	Do you receive disability or SSI?	YES	or	NO		
Do you have any upcoming specialty appointments at STV or UAB?						
Do you have a Primary Care Physician (PCP)? Yes OR No PCP Name/Clin	ic:					
Bank/Tax/Income Attestation (For yourself and spouse/significant other)						
Please check the box(es) for any item that you do NOT have and then initial Bank Accounts: I do hereby certify that I do not have any bank accounts (savings or checking) Applicant Initials: Spouse/Significant Oth Taxes: (if you and/or your spouse have a SSN or ITIN, you MUST provided hereby certify that I do not file federal or state income tax for the year	ner Initials (if applicable):	onfiling)				
Applicant Initials: Spouse/Significant Oth	ner Initials (if applicable):					
Income: I do hereby certify that I am unemployed and do not have any work income, s	ocial security, disability, or any other f	form of inco	ome.			
Applicant Initials: Spouse/Significant Oth	ner Initials (if applicable):					
I attest that all the financial information I have reported here is true, I understand that providing any false or fraudulent information may result in application denial and/or result in my removal from the program.						
Applicant Signature: Spouse/Signific	ant Other Signature:					
Updated Program Consent and Release of Information I hereby certify that everything I have stated in this application is true to the renewal application completely and submit any required supplemental docum decision can be issued. I authorize Greater Birmingham Project Access (GBPA involved in my care, including but not limited to: physicians, clinics and drug by the policies and procedures of the GBPA program. I also agree to report immediately.	nentation to complete my renewal and to use and disclose my protected companies. If approved for renewal	application health infolla l, I agree t	n before a formation to continu	renewal to anyone to abide		
Applicant's signature:	Date:					

Please submit your completed application and supplemental documents to Project Access: Email: alprojectaccess@ascension.org

Fax: 205-838-6294

If you have any questions, please call us at 205-202-1598