

Project Access Renewal Application

PA/AA ID#: _____



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 with you)

Name	Date of birth	Relationship

Updated Employment Information

Patient: <input type="checkbox"/> I do not work		Spouse/Significant Other: <input type="checkbox"/> I do not work	
Employer/Income Source:		Employer/Income Source:	
Does your Employer offer health insurance? YES or NO		Does your Employer offer 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/Clinic:

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 on the line:

Bank Accounts:

I do hereby certify that I do not have any bank accounts (savings or checking). Please accept this as verification that I do not have a bank account.

Applicant Initials: _____ Spouse/Significant Other Initials (if applicable): _____

Taxes: (if you and/or your spouse have a SSN or ITIN, you MUST provide a tax return or transcript of nonfiling)

I do hereby certify that I do not file federal or state income tax for the year _____. Please accept this letter as verification that I do not file taxes.

Applicant Initials: _____ Spouse/Significant Other Initials (if applicable): _____

Income:

I do hereby certify that I am unemployed and do not have any work income, social security, disability, or any other form of income.

Applicant Initials: _____ Spouse/Significant Other 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/Significant Other Signature: _____

Updated Program Consent and Release of Information

I hereby certify that everything I have stated in this application is true to the best of my knowledge. I understand that I must complete this renewal application completely and submit any required supplemental documentation to complete my renewal application before a renewal decision can be issued. I authorize Greater Birmingham Project Access (GBPA) to use and disclose my protected health information to anyone involved in my care, including but not limited to: physicians, clinics and drug companies. If approved for renewal, I agree to continue to abide by the policies and procedures of the GBPA program. I also agree to report any changes in my financial and/or insurance status to GBPA immediately.

Applicant's signature: _____

Date: _____

Please submit your completed application and supplemental documents to Project Access:

Email: alprojectaccess@uabmc.edu

Fax: 205-838-6294

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