



Cardiac Rehab
 200 Doctors Drive Suite 222
 Douglas, GA 31533
 912.383.6988

Cardiac Rehab Scholarship

Application for Financial Assistance

Patient Name _____ is applying for the Cardiac Scholarship Program and understand an application for Financial Assistance must be completed. That application will be used to determine my financial eligibility for assistance for Coffee Regional accounts and my cardiac rehabilitation.

Assistance through the CRMC Financial Assistance program will be considered first and then assistance through the Cardiac Scholarship program.

Requirements (initial)

- _____ Complete the program within 16 weeks of initial appointment.
- _____ Must complete a total of 36 sessions with a maximum of 3 visits per week.
- _____ Missing 3 days consecutively without consent from Cardiac Rehab may result in dismissal from the program and scholarship eligibility.
- _____ If you do not meet the above requirements, you will be responsible for the full balance.

 Patient signature

 Date/Time

CR Dept Requested by: _____ Amount: _____ Date: _____

To be completed by Committee

Forwarded to Scholarship committee _____

Patient Name _____

Account # _____

Application Date _____

Approval/Denial Date _____

Amount of Adjustment _____

Committee Approval _____

Committee Approval _____

