



HEAR Center
301 E. Del Mar. Blvd
Pasadena, CA 91101
Tel: (626) 796-2016
Fax: (626) 796-2320

Hearing Aid Payment Plan Application

HEAR Center, a non-profit 501c3 organization since 1954. We offers complete and affordable hearing and speech services, and is dedicated to helping people at all stages of life be a part of the hearing and speaking world. Please complete the following information and return to HEAR Center, to determine if you or members of your family are eligible to pay for the Hearing Aids on a payment plan.

Name _____

Client Name (if different from above) _____

Address _____

Email _____

Income Verification:

Number of persons living in your household: _____

Total household income (complete one column)			
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Relatives			
Others			
Total			

Please provide us with one of the following to verify income :

- 1040 (first 2 pages), or
- Paystub (last paystub)

NOTE: Include income from all persons in household and income from all sources, including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment, public aid, and other.

I certify that the household size and income shown above is correct. Copies of tax return, pay stubs, and other information verifying income may be required before a discount is approved and will be provided as may be requested.

 Name (Print)

 Signature

 Date

OFFICE USE ONLY

Patient Name: _____

Date of Service: _____

Discount: Approved Not Approved Requires 2nd Approval

Approved by: _____, 2nd Approval _____