



BARE MEDICINE

KRISTEN MCELVEEN, ND

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554A Main St, Springvale, ME 04083 207-206-6238

First & Last Friday Program Application

Patient Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Check here if it is ok to leave a message at either of the above phone numbers

Please bring 2 of the following *current* documentations of participation to your first appointment as proof of income as well as a valid form of identification (driver's license, passport, etc):

- Recent paycheck stubs
- Proof of income – recent Federal or State income tax return, recent W-2 forms, Social Security check stubs, Supplemental Security Income (SSI), VA Benefits, retirement forms, etc
- Any bank books/insurance policies
- Medicare or Medicaid card
- Food Stamps
- Federal Public Housing Assistance or Section 8
- Low-Income Home Energy Assistance Program (LIHEAP)

I understand and agree to the following:

- All financial information provided as proof of income is true to the best of my knowledge
- I will provide proof of income yearly, or any other time requested by Bare Medicine
- If my income changes to above 200% of the Federal Poverty Guidelines under the treatment of Bare Medicine, I will notify Bare Medicine within 30 days in writing and will expect to pay Bare Medicine full price for services rendered from then on

Signature of Patient or Patient's Responsible Party

Date