



NEWLIFE
FERTILITY CENTRE
 Where Life Begins
www.newlifefertility.com



Financial Assistance Package

Name of the Patient: _____

Phone #: _____

Date of submission: ___/___/20__

Please Email or Fax the completed forms including all required documents to Saiyad Ali **after the nurse has completed the section below** or you can return it to your nurse for submission.

Email: accounting@newlifefertility.com

Fax : 905-896-9389

ONLY CURRENT YEAR NOTICE OF ASSESSMENT AND CURRENT PAYSTUBS FOR BOTH PARTNERS ARE REQUIRED.

Discount approval will not be processed if any of these documents are not submitted.

Please Tick the documents submitted with the application

- Notice of assessment (Both Partners)
- Current pay stub (Both Partners)
- Corporate tax return (For self-employed)

Are both partners employed? Yes No

Nurse's confirmation: (office use only please do not complete this section)

Clinic of Origin: Mississauga Brampton Burlington Woodbridge Richmond Hill

Base IVF fee payable: _____

Please confirm patient is NOT OHIP covered: _____

Nurses signature



Newlife Financial Assistance Policy and Information

At NewLife Fertility, we understand the emotional and physical strain that can occur with fertility treatment, especially affording IVF treatments. The added stress of the financial aspect of care can be overwhelming.

Eligibility

- We offer financial assistance to all couples with incomes less than \$60k per year.
- Due to the demand for this program, applications for financial assistance are approved on a first come, first served basis for patients who are experiencing financial hardship.
- Financial Assistance will be offered to individuals depending on total income in their **Notice of Assessment**.
- In order for NewLife to allocate the limited Financial Assistance available on an equitable basis, full and accurate information on the financial circumstances of each applicant's family is required

- ◆ Financial Assistance is in the form of a percentage discount on the **BASE IVF FEE ONLY** and does not apply to specialized procedures performed during an IVF cycle, ie; ICSI, Blastocyst culture, Assisted Hatching, Freezing, PDG etc.

Application Criteria

- All applications must be in writing and will be reviewed by the Financial Assistance Committee. Financial Assistance will be approved for the period of one year only.
- Candidates must reapply each year. **Final approval of Financial Assistance will take place within one week of receipt of the completed application and all attachments.**
- Financial assistance registrants are required to pay all other supplementary fees and charges in accordance with the payment schedule.
- Patients applying for financial assistance must offer proof of their financial inability to pay full fees and must provide all documents requested by the Financial Assistance committee to fully clarify financial need

NOTE: FULL IVF FEES MUST BE PAID BY CYCLE DAY 3 AND ALL APPROVED AMOUNTS (IF ANY) WILL BE REFUNDED THROUGH THE SAME METHOD OF PAYMENT.

Applicants for financial assistance must complete a separate application form and must meet the criteria listed below.



NewLife Financial Assistance Application

Patient Information

Patient's Name: _____ Partner's Name: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

1. Name of present employer: _____

2. Are you self-employed: Yes or No

If "yes", is your business structured as a Proprietorship, Partnership or Incorporated.

3. Name of Business: _____

4. Business address: _____

5. Start date of employment: _____

6. Are you Unemployed? Yes or No

If "yes" date commenced _____

7. Is your home owned? Yes or No Date purchased: _____

8. What is the market value? _____

9. Make of car: _____ Year of car: _____

10. What is your Net taxable income of the current taxation year? _____

11. What is your Gross income of the current taxation year? _____

12. What is your Investment income of the current taxation year? _____

13. What is your Net market value of all bank deposits, treasury bills, saving bonds, certificates of deposit: _____

14. What is your net market value of all stocks and bonds? _____

Partner's Information

1. Name of present employer: _____
2. Are you self employed: Yes or No
If "yes", is your business structured a Proprietorship, Partnership or Incorporated.

3. Name of Business: _____
4. Business Address: _____
5. Start date of employment: _____
6. Are you Unemployed? Yes or No
If "yes" date commenced _____
7. Is your home owned? Yes or No Date Purchased: _____
8. What is the market value of your home? _____
9. Make of car: _____ Year of car: _____
10. What is your Net taxable income of the current taxation year? _____
11. What is your Gross income of the current taxation year? _____
12. What is your Investment income of the current taxation year? _____
13. What is your Net market value of all bank deposits, treasury bills, saving bonds, certificates of deposit: _____
14. What is your net market value of all stocks and bonds? _____

General Information

1. What help, if any, are you giving to other family members which may cause the need for a financial assistance application? _____

2. What extra expenses caused the need to apply for financial assistance?

All information provided would be treated as strictly confidential in accordance with NewLife's Privacy Policy. Please feel free to attach additional information if you feel it would be helpful to clarify your circumstances.

Certification:

I/we hereby certify that the information contained in this financial assistance application including attachments is true and complete in every respect and fully discloses the state of my/our affairs.

Dated this day _____ of _____, 20_____

Patient's Name (Please Print Name)

Partner's Name (Please Print Name)

Patient's Signature

Partner's Signature

IF YOU ARE NOT CONTACTED BY OUR ACCOUNTING DEPARTMENT WITHIN ONE WEEK OF SUBMISSION:

PLEASE CONTACT SAIYAD ALI AT 905-896-7100 ext. 153