

FINANCIAL ASSISTANCE APPLICATION						Please send completed application and all required supporting documents to:						
MRN#												
Guarantor #						The University of Kansas Health System,						
PATIENT INFORMATION					РО ВОХ	958936, St.	Lo	uis, MO 6	53195	5-89:	36	
Patient Name:					Is patien	t a US Citiz	zen	?		Yes		No
(first, middle, last)					Permane	ent Resider	nt?			Yes		No
Patient Date of Birth:			Patient Soc	cial Security #			_					
INSURANCE INFORMAT		_					Τ	1				
Is patient covered by health insurance?							냳	Yes	+=	No		
Has patient applied for Medicaid benefits within the last 6 months?								Yes		No		
If No, please expla							_	1	т—			
Has patient been denied N							╚	Yes		No		
If patient was denied	l Medicai	id benefits v	vithin the la	st 6 months	s, please a	ittach a co _l	oy c	of the de	nial r	าotic	се	
Does patient have a laws	uit, settle	ement, perso	onal injury, v	work comp,	or liability	claim	Yes No					
pending?							ഥ] 163	╚	110		
Please check all boxes the	nat apply	to the pat	ient, and a	ttach the su	upporting	documen	tati	on				
Patient Medic					t eligible f	or non cov	ere	d service	es.			
Patient decease	sed	Dat	e of Death:									
☐ Patient incarce	rcerated Date of incarceration:											
☐ Patient homel	ess	Explain:										
GUARANTOR INFORMA	TION											
Guarantor Rel	ationship	to Patient:	Self	Spouse	☐Moth	er Fath	er			Gran	dpa	arent
Other (explain)												
Guarantor Name: (first, n	niddle, la	ıst)										
Street A	Address:											
City:				State:				Zip	:			
Guarantor Home #:				Cell #:								
Guarantor Social												
Security #:				Gua	rantor Da	te of Birth:	L					
Household size:			Ma	artial status:		Single			Ma	rrie	d	
Employment status:				Divorced		Legally	ser	parated				
☐ Full Time				If legally s	separated, please attach legal separation notice						tice	
Part Time				Widowed								
Self Employed	d											
☐ Unemployed	(if un	employed pi	lease provid	de dates of ι	ınemployi	ment in se	ctic	n below,	,			
Student /f	you are a	a student an	d rely on st	udent loans	to pay ba	sic living e	хрє	enses, ple	ease	pro	vic	le
	-		•	nd allocation		· ·	•	•		•		
Employer Name and A	Address:											
Hire Date:		Но	w often are	e you Paid?	Weekly		Bi-	-weekly				
Are you claimed on some	one	Yes			Monthly		_	mi-mont	hly			
else's taxes as a depende		No	If Unemplo	yed, please		lates of un				riod:		
Gross Monthly Salary:		From:		-	To:	Т	-					

SPOUSE INFORMATION	ON									
Spouse Name: (first, r	niddle, last)									
Spouse Social Security #					Date of Birth:					
Employment Status:	Full Time	Part Time	Self Emp	loyed		Student	Une	employed		
If Unemployed, please	provide dat	es of unem	ployment pe	eriod:	Fro	om:		То:		
Employer Name and Ad	ddress:									
Hire Date:		Но	ow often are	you Paid?	We	eekly		Bi-weekly		
					Mo	onthly		Semi-monthly		
Is spouse claimed of	e else's taxes as a dependent?				Yes	No				
Spouse's Gross Monthly Salary:										
DEPENDENT INFORMATION (if more than 6 use separate page)										
Full Name: (firs					Relation	ship:	Claimed on taxes?			
				1			Yes	No		
								Yes	No	
								Yes	No	
								Yes	□ No	
								Yes	□ No	
								Yes	□ No	
TOTAL INCOME INFO	RMATION	(enter mon	thly amoun	ts)						
Gross Wages:		(00000000000000000000000000000000000000	Worker Co		Π					
Pension/Retirement:\$			Unemployr	•				Misc.: \$		
Rental Income: \$				ild Support:		\$			1	
Veterans Benefits: \$				Interest/Dividends: \$						
Short/Long Term Disab					al Securit	tv: \$				
Short/Long Term Disability: \$ SSI/SSDI Social Security: \$ PROPERTY INFORMATION										
Type:	Monthly Payment: Estimate			ed Value:			Unpaid Balance:			
Primary home		Wienting Faymont.			sa varae.			onpara Darameer		
2nd mortgage										
Secondary/Vacation home										
Rental property										
Land										
AUTO/MOTORCYCLE/RV/BOAT/JET SKI/TRAVEL TRAILER/ETC INFORMATION										
Type/Make/Model/Year:				Estimated Value:			Unpaid Balance:			
Type, Make, Michell Learning		•	Wientriny Faymont.		20111101000 101001					
MONETARY ASSET IN	IFORMATI	ON								
Checking Balance \$			Savings Ba	lance \$	П			CD	\$	
Stocks/Bonds \$			IRA \$				401k \$	·		
403b \$		Others (HS					101κ Φ			
Certification: By signing below, I certify that the all of the preceding information is true and correct. I										
understand that this information may be reviewed in conjunction with a credit report, and I further										
understand that if I knowingly provide untrue information in the application, I will be ineligible for financial										
assistance and any fin	ancial assi	stance gran	nted to me	may be rev	ers	ed and I	would I	oe responsi	ble for the	
medical bills.										
Guarantor Signature:							Date:			
Spouse (if applicable):							Date:			



Instructions for Financial Assistance Application

Please complete the Financial Assistance Application and attach copies of each of the following: (please be aware that it is important that you send photo copies of these documents and not the originals, as we are unable to return original documents to you)

- Two most recent paystubs from your current employer(s)
- Two most recent paystubs from your spouse's (if applicable) current employer(s)
- Two most recent bank statements from all checking and savings accounts owned by you and/or your spouse
- Last Year's Federal Tax Return (if you did not file taxes, please explain why in the letter space provided below) Recent 401k/Retirement/CD/etc. Statements
- Most recent Unemployment Benefit Statement
- Most recent Property Tax Statement
- Most recent Social Security/Disability Benefit Letter
- Most recent Mortgage Balance Statement
- If not working and you depend on help from others for basic living needs, please provide a letter from those that are helping you, explaining how they have assisted you
- If you rely on student loans for living expenses, please provide proof of 2 most recent semester loan allocations
- If patient is not a US Citizen, but is a Permanent Resident, please provide a copy of their US Resident Card

Please write a letter in the space provided below, to describe your current final unable to pay your balance or make monthly payments. Please be specific. (use	ncial situ e separa	ation and why you are te sheet if needed)
Guarantor Signature:	Date:	