

FINANCIAL ASSISTANCE APPLICATION		Please send completed application and all required supporting documents to: The University of Kansas Health System, PO BOX 958936, St. Louis, MO 63195-8936	
MRN#			
Guarantor #			
PATIENT INFORMATION			
Patient Name: (first, middle, last)		Is patient a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Date of Birth:		Patient Social Security #	
INSURANCE INFORMATION			
Is patient covered by health insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has patient applied for Medicaid benefits within the last 6 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain why:			
Has patient been denied Medicaid benefits within the last 6 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If patient was denied Medicaid benefits within the last 6 months, please attach a copy of the denial notice</i>			
Does patient have a lawsuit, settlement, personal injury, work comp, or liability claim pending?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please check all boxes that apply to the patient, and attach the supporting documentation			
<input type="checkbox"/>	Patient Medicaid eligible but not on date of service, or not eligible for non covered services		
<input type="checkbox"/>	Patient deceased	Date of Death:	
<input type="checkbox"/>	Patient incarcerated	Date of incarceration:	
<input type="checkbox"/>	Patient homeless	Explain:	
GUARANTOR INFORMATION			
Guarantor Relationship to Patient:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent
<input type="checkbox"/> Other (explain)			
Guarantor Name: (first, middle, last)			
Street Address:			
City:		State:	Zip:
Guarantor Home #:		Cell #:	
Guarantor Social Security #:		Guarantor Date of Birth:	
Household size:		Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
Employment status:		Divorced	<input type="checkbox"/> Legally separated
<input type="checkbox"/> Full Time		<i>If legally separated, please attach legal separation notice</i>	
<input type="checkbox"/> Part Time		Widowed	
<input type="checkbox"/> Self Employed			
<input type="checkbox"/> Unemployed	<i>(if unemployed please provide dates of unemployment in section below)</i>		
<input type="checkbox"/> Student	<i>If you are a student and rely on student loans to pay basic living expenses, please provide copies of student loan amounts and allocations</i>		
Employer Name and Address:			
Hire Date:		How often are you Paid?	Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>
Are you claimed on someone else's taxes as a dependent?	<input type="checkbox"/> Yes	Monthly <input type="checkbox"/>	Semi-monthly <input type="checkbox"/>
	<input type="checkbox"/> No	If Unemployed, please provide dates of unemployment period:	
Gross Monthly Salary:		From:	To:

SPOUSE INFORMATION									
Spouse Name: (first, middle, last)									
Spouse Social Security #					Date of Birth:				
Employment Status:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed			
If Unemployed, please provide dates of unemployment period:					From:		To:		
Employer Name and Address:									
Hire Date:		How often are you Paid?			Weekly	<input type="checkbox"/>	Bi-weekly	<input type="checkbox"/>	
					Monthly	<input type="checkbox"/>	Semi-monthly	<input type="checkbox"/>	
Is spouse claimed on someone else's taxes as a dependent?					<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Spouse's Gross Monthly Salary:									
DEPENDENT INFORMATION (if more than 6 use separate page)									
Full Name: (first, middle, last)				Date of birth:		Relationship:		Claimed on taxes?	
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL INCOME INFORMATION (enter monthly amounts)									
Gross Wages: \$					Worker Comp: \$				
Pension/Retirement: \$					Unemployment: \$		Misc.: \$		
Rental Income: \$					Alimony/Child Support: \$				
Veterans Benefits: \$					Interest/Dividends: \$				
Short/Long Term Disability: \$					SSI/SSDI Social Security: \$				
PROPERTY INFORMATION									
Type:		Monthly Payment:		Estimated Value:		Unpaid Balance:			
Primary home									
2nd mortgage									
Secondary/Vacation home									
Rental property									
Land									
AUTO/MOTORCYCLE/RV/BOAT/JET SKI/TRAVEL TRAILER/ETC INFORMATION									
Type/Make/Model/Year:			Monthly Payment:		Estimated Value:		Unpaid Balance:		
MONETARY ASSET INFORMATION									
Checking Balance \$					Savings Balance \$		CD \$		
Stocks/Bonds \$					IRA \$		401k \$		
403b \$					Others (HSA/FSA) \$				
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 financial assistance granted to me may be reversed and I would be responsible for the medical bills.									
Guarantor Signature:					Date:				
Spouse (if applicable):					Date:				

