



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

GREAT BEND CAMPUS

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:				



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 financial situation and why you are unable to pay your balance or make monthly payments. Please be specific. (use separate sheet if needed)

[illegible]