



**ATTACHMENT A**

**CHARITY CARE AND FINANCIAL ASSISTANCE APPLICATION**

KidsPeace provides medically necessary services to patients regardless of their ability to pay. It is the responsibility of

documented hardships and family size to consider reduced financial responsibility.

Instructions: Please complete the form in its entirety. All copies of supporting documentation

**Patient Demographics:**

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

**Guarantor/Parent Information**

1. Guarantor/Parent Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guarantor/Parent Social Security # \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Home \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Guarantor/Parent Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guarantor/Parent Social Security # \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Employer: \_\_\_\_\_

Full Address: \_\_\_\_\_ Home \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Size of Family \_\_\_\_\_ First Names of all Family Members: \_\_\_\_\_

Please circle all forms of income received within the last six months:

Wages	Pension	Unemployment Compensation	Social Security
Child Support	Alimony	Disability Benefits	Workers Compensation
Public Assistance	Other		

\*Please attach supporting documentation for any of the above income categories that apply for the most recent six



Name

Checking Acct #

Savings Acct. #

The undersigned hereby authorizes any bank, loan institution, insurance company, employer, or any creditor whatsoever of the undersigned to release any information requested by KidsPeace, Inc. pertaining to any and all financial matters involving or related to the patient and family.

By signing this, you are attesting that all of the information provided is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 RESPONSIBLE PARTY SIGNATURE

Responsible Party Signature

To Be Completed By KidsPeace Business Office

Patient Account Number(s): \_\_\_\_\_

Date Received:	All Documentation YES/NO
Date More Information Requested:	Date More Information Received:
Date Processed:	Initials of Processor:
Total Monthly Income:	Approved / - Not Approved
Sliding Fee Reduced Cost:	Effective:
Processor Approval Signature:	Date:
Manager Approval Signature:	Date:
CFO Approval Signature: (if needed)	Date SMS Rate Updated:
Date Notification Sent:	Date SMS Note Added:

Notes: \_\_\_\_\_



4085 Independence Drive  
Schnaokovilla PA 19079

800-25-PEACE

www.kidspeace.org

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(DATE)

(APPLICANT)

(ADDRESS-LINE ONE)

(CITY, STATE, POSTAL ZIP CODE)

RE: DETERMINATION NOTICE FOR REDUCED COST OF CARE

(CLIENT NAME) (PATIENT ACCOUNT NUMBER)

(DATES OF SERVICE)

Dear Mr./Mrs./Ms. (APPLICANT'S LAST NAME)

We have processed your application for reduced/waived costs.

At this time your application has been:

APPROVED.

Your approved waived amount is \_\_\_\_\_ %.

DENIED.

You were denied because your gross income exceeded 400% of the Federal Poverty Guidelines published

Sincerely,

(KIDSPEACE EMPLOYEE NAME)

(KIDSPEACE EMPLOYEE TITLE)



Dear Parent/Guardian:

Dear Parent/Guardian

because you indicated a financial hardship exists with paying your medical bills.

Attached please find our Charity Care Application. All completed applications are processed in confidence and are reviewed without prejudice and discrimination. Based on the information provided, you may qualify to be partially

Before we can process your application you must attach supporting documentation showing all income sources for the last six months. Instructions are detailed on the application. For your convenience, a checklist of items needed is provided below.

**Copies of all income- for the last 6 months, including but not limited to:**

**Paystubs (if self employed provide your most recent year's tax return)**

Alimony paystubs/printouts

Pension paystubs/printouts

Military Benefits paystubs/printouts

Unemployment paystubs/printouts

Social Security Income (SSI) paystubs/printouts

Disability Benefits paystubs/printouts

Workers Compensation paystubs/printouts

Public assistance documentation (cash, food stamps, etc)

Net Rental Income

Annuities

Interest Income

Other, any other source not listed here

Additionally, if there is a significant financial hardship that you are currently facing, you are welcome to include any supporting documentation with your application, but it is not a requirement to process the application.

If you have any questions, please contact me directly at Kathryn.Sena@kidspace.org or 610-799-8549. Once we have your complete application, we will review it and make a determination within 30 business days. Regardless of the decision, you will be notified.

Sincerely,