



KidsPeace®

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 screened without prejudice and discrimination. Based on the information provided, you may qualify to be partially forgiven or fully forgiven of the amount outstanding. If your child is in care for an extended period of time, we

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

Application- completed to its entirety, signed, dated

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)
- ___ Child support printouts
- ___ 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
- ___ Dividend Income
- ___ Interest Income
- ___ Other- any other source not listed here

Kathryn Sena

Manager, KidsPeace Patient Accounts Department



the patient's family or county or any state or federal financial assistance program. Should a family not qualify for state or federal programs, Kidsreac will assess any family that is uninsured or underinsured based on gross income, documented hardships and family size to consider reduced financial responsibility.

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

Child Support	Other		
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* Please attach supporting documentation for any of the above income categories that apply for the patient.



Banking Institutions

Name **Checking Acct #** **Savings Acct. #**

Name **Checking Acct #** **Savings Acct. #**

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

Date: _____

Responsible Party Signature

To Be Completed By KidsPeace Business Office

Patient Account Number(s): _____

Date Processed:		All Documentation YES/NO:	
Total Monthly Income:		Approved / Not Approved	

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time B

10% - 133% 80% Discount 10% Pay	133% - 60% Discount 40% Pay	60% - 300% 40% Discount 10% Pay	311% - 400% 20% Discount 30% Pay	401% 0% Discount 100% Pay
\$71.00	\$21.00	\$21.00	\$311.00	\$0.00
\$81.00	\$22.00	\$22.00	\$311.00	\$47,081.00
\$91.00	\$23.00	\$23.00	\$311.00	\$63,721.00
\$101.00	\$24.00	\$24.00	\$311.00	\$80,361.00
\$111.00	\$25.00	\$25.00	\$311.00	\$97,001.00
\$121.00	\$26.00	\$26.00	\$311.00	\$113,641.00
\$131.00	\$27.00	\$27.00	\$311.00	\$130,281.00
\$141.00	\$28.00	\$28.00	\$311.00	\$146,921.00
\$151.00	\$29.00	\$29.00	\$311.00	\$163,561.00
\$512.00	\$82.40	\$82.40	\$83.30	\$8,321.00

\$7.28)

\$8,240