HEALTH BRIDGE Children's Hospital

HealthBridge Children's Hospital - Orange

Financial Assistance Application

Use this application to apply for Charity Care and/or Discount Payment Assistance.

You may apply if you are uninsured or have high medical costs and your family income is at or below 400% of the Federal Poverty Level. Charity Care is available at <= 200% FPL; Discount Payment Assistance is available at <= 400% FPL.

1. Patient Information

Patient name	
Date of birth	
Guarantor/parent/guardian	
Address	
Phone / Email	
Account or medical record number	(if known)

2. Patient's Family / Household

List parent(s)/caretaker relative(s), spouse/domestic partner where applicable, and dependent children consistent with the Financial Assistance Policy.

Number of household/family members: _____

3. Monthly Family Income

Income source	Monthly amount
Wages	$
Public assistance	$
Disability / SSI	$
Other income	$
TOTAL MONTHLY INCOME	$

4. Insurance Status

☐ Uninsured ☐ Medi-Cal ☐ Private Insurance ☐ Other: _____

5. Income Documentation

Required income documentation is limited to recent pay stubs or income tax returns. The hospital may accept other documentation of income, but other documentation is not required. Monetary assets are not required and will not be considered for eligibility.

Documentation provided: ☐ Recent pay stubs ☐ Income tax return ☐ Other voluntarily provided income documentation

6. Certification

I certify that the information I provided is true and correct to the best of my knowledge.

Signature: _____Date: _____

Return or request help:

ATTENTION: If you need help in your language, please call 714-289-2400 or 888-306-5121 or visit the Administration/Admissions Office. The office is open Monday through Friday, 8:00 a.m. to 5:00 p.m. and located at 393 S. Tustin Street, Orange, CA 92866. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.