



# Keck Medicine of USC

Keck Hospital  
of USC

USC Arcadia  
Hospital

USC Norris  
Cancer Hospital

USC Verdugo  
Hills Hospital

Keck Medicine of USC, which includes Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital (VHH), and USC Arcadia Hospital (UAH), is dedicated to providing quality health care to our patients. We realize that payment for services may be a financial hardship for you at this time. Financial Assistance is to aid those that may qualify to reduce or eliminate their cost of care obligation.

Attached with this letter, you will find an application to enable an evaluation of your financial hardship. You must complete the application in order to be considered for the financial assistance program. If your financial situation meets the eligibility criteria set forth by the Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital (VHH), and USC Arcadia Hospital (UAH) Financial Assistance Program, you may be eligible for full (Charity Care) or partial (Discounted) forgiveness of debt.

To process this application for Charity Care Program, and the Discount Program we require:

- The enclosed application signed. If you are married both parties must sign.
- Recent Paystubs OR income tax returns

To process this application for the Discounted Program, we require:

- The enclosed application signed. If you are married both parties must sign.
- Recent Paystubs OR income tax returns

We realize that your income from previous tax records may not adequately reflect your current circumstances. It is important that you complete and submit the completed Financial Assistance Application along with all the required documents within fifteen (15) days.

**Please send your Financial Assistance Application and required documents:**

**\*\*For USC Arcadia Hospital:**

- Mail: USC Arcadia Hospital  
Attention: Business Office- Patient Financial Services  
300 W Huntington Drive  
Arcadia CA 91007
- Secure Fax: 626-898-8996

**\*\*\*For Keck Medicine of USC, USC Norris Cancer Hospital, and USC Verdugo Hills Hospital:**

- Mail: Keck Medicine of USC  
Attention: Financial Assistance Coordinator



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2011 N Soto Street -Suite 1620  
Los Angeles CA 90033

- Secure Fax:
  - For all Facilities: 323-865-5672
- Email: [pfscustomerservice@med.usc.edu](mailto:pfscustomerservice@med.usc.edu)

## **Contact information:**

### **USC Arcadia Hospital:**

- Contact the Financial Assistance Coordinator
  - Call: 626-574-3594

### **Keck Hospital – USC Norris Cancer Hospital- USC Verdugo Hills Hospital:**

- Contact the Financial Assistance Coordinator
  - Call: 855-532-5729

Once we have reviewed your application, we will notify you of our decision in writing as soon as possible. If you wish to discuss your account or have any questions, please contact Patient Financial Services at 855-532-5729 for Keck Hospital, USC Norris Cancer Hospital or USC Verdugo Hills Hospital.

**For USC Arcadia Hospital please call 626-574-3594**

Our business hours are Monday – Friday, 8:00 am to 5:00 pm PST.



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Demographic Information	Name		Date of Birth		Spouse/Partner		Date of Birth	
	Address				City		State Zip	
	Time at Present Address ___ Rent ___ Own ___ Years ___ Months				County		Marital Status ___ Married ___ Single ___ Divorced ___ Widowed	
	Cell Number		Work Number		Home		Spouse Cell Number Spouse Work Number	
	Please list ALL persons living in your household; including dependents (Attached an additional sheet if needed)							
	Last Name Applicant		First Name		MI		Date of Birth Relationship to	
	1							
	2							
	3							
	4							
	Self				Spouse			
	Social Security#				Social Security#			
Employed By				Employed By				
Business Address				Business Address				
Occupation				Occupation				
Length Employed ___ Years ___ Months ___ Hours worked per week				Length Employed ___ Years ___ Months ___ Hours worked per week				



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Source of Income	<b>Income:</b> Represents total cash receipts from all sources before taxes.			
	<b>Self Monthly Gross</b>		<b>Spouse Monthly Gross</b>	
	Gross Income		Gross Income	
	Social Security/SSI/SSDI		Social Security/SSI/SSDI	
	Public Assistance		Public Assistance	
	Work Comp		Work Comp	
	Unemployment		Unemployment	
	Child Support		Child Support	
	Other		Other	
	<b>TOTAL</b>		<b>TOTAL</b>	



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## Required Documents for Charity Care:

- The enclosed application signed. If you are married both parties must sign.
- Recent paystubs OR income tax returns
- Complete Financial Assistance Application

## ASSIGNMENT OF RIGHTS

By signing below, I declare under penalty of perjury that the information and statements contained in this Application for Financial Assistance and all documentation which I submit are accurate true and correct. You are hereby authorized to check my credit history in order to evaluate this application for Financial Assistance consideration.

- I understand that Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital may make reasonable requests for additional information and verification if necessary.
- I understand that the information and statements I have provided will be kept confidential by Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital.
- I understand that the completion of the application will allow Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital to consider my circumstances.
- I understand Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital makes no representation that financial assistance is guaranteed.

I/We hereby certify the above information and voluntarily authorize you to obtain credit information relative to me/us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date