



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

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 <u> </u> Rent <u> </u> Own <u> </u> Years <u> </u> Months		County	Marital Status <u> </u> Married <u> </u> Single <u> </u> Divorced <u> </u> 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 <u> </u> Years <u> </u> Months <u> </u> Hours worked per week		Length Employed <u> </u> Years <u> </u> Months <u> </u> Hours worked per week			



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Income: Represents total cash receipts from all sources before taxes.

Source of Income	Self Monthly Gross	Spouse Monthly Gross	
	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	
TOTAL		TOTAL	



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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