



## Financial Assistance Application Form

*Please fill out all information completely. If it does not apply, write "NA." Attach additional pages if needed.*

### SCREENING INFORMATION

Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list preferred language: _____
Has the patient applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient receive state public services such as TANF, Basic Food, or WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient's medical care need related to a car accident or work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No

### PATIENT AND APPLICANT INFORMATION

Patient First Name	Patient Middle Name	Patient Last Name	Spouse Name
Patient Date of Birth	Spouse Date of Birth	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower	Patient Social Security Number (optional)
Person Responsible for Paying Bill	Relationship to Patient	Date of Birth	Social Security Number (optional)
Date of Service	Account Number	Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	Main contact number(s) ( ) _____ ( ) _____ Email Address:

Mailing address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employment status of person responsible for paying bill

Employed (date of hire: \_\_\_\_\_)

Unemployed (how long unemployed: \_\_\_\_\_)

Self-Employed & Student  Disabled & Retired

Other (If Other, please explain): \_\_\_\_\_)



**PLEASE NOTE**

- We cannot guarantee that you will qualify for financial assistance, even if you apply.
- Once you send in your application, we may check all the information and may ask for additional information or proof of income.
- Within 21 calendar days after we receive your completed application and documentation, we will notify you if you qualify for assistance.

**NUMBER OF FAMILY MEMBERS**

FAMILY SIZE. Total number of family members living in your household. \_\_\_\_\_

**IDENTITY, AGE AND INCOME OF FAMILY MEMBERS**

*List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption.*

Name	Date of Birth	Relationship to Patient	If 18 years old or older, employer(s) name or source of income	If 18 years old or older, total gross monthly income (before taxes)	Also applying for financial assistance?
					Yes/No

*Attach additional pages if needed.*

*All adult family members' income must be disclosed. Sources of income include, for*

*example:*

- Wages
- Unemployment
- Self-employment
- Worker's compensation
- Disability
- SSI
- Child/spousal support
- Work study programs (students)
- Pension
- Retirement account distributions
- Other (please explain.



**INCOME INFORMATION**

*IMPORTANT: You must include proof of income with your application.*

*Family income and income verification is required to determine financial assistance.*

**All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income.**

Examples of proof of income include:

- A "W-2" withholding statement; or
- Current pay stubs (3 months); or
- Last year's income tax return, including schedules if applicable; or
- Written, signed statements from employers or others; or
- Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or
- Approval/denial of eligibility for unemployment compensation.

*NOTE: If you have no proof of income or no income, please attach an additional page with an explanation.*

**EXPENSE INFORMATION**

*We use this information to get a more complete picture of your financial situation.*

Monthly Household Expenses:

Rent/mortgage \$ _____	Medical expenses \$ _____
Insurance Premiums \$ _____	Utilities \$ _____
Other Debt/Expenses \$ _____ (child support, loans, medications, other)	

**ADDITIONAL INFORMATION**

*Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, excessive medical expenses, seasonal or temporary income, or personal loss.*

**PATIENT AGREEMENT**

I understand that Kaweah Health may verify information by reviewing information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I understand if the financial information I give is determined to be false, the result may be denial of financial assistance, and I may be responsible for and expected to pay for services provided.

\_\_\_\_\_  
Signature of Person Applying

\_\_\_\_\_  
Date



*If you have any questions, please call (559) 624-4200*

*Return Completed Form by Mail To:*

*Kaweah Health*

*Attn: Financial Assistance*

*400 W Mineral King Ave • Visalia, CA 93291*

**OR**

*Return Completed Form by Email To: [mybill@kaweahhealth.org](mailto:mybill@kaweahhealth.org)*

### HOSPITAL BILL COMPLAINT PROGRAM

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to [HospitalBillComplaintProgram.hcai.ca.gov](http://HospitalBillComplaintProgram.hcai.ca.gov) for more information and to file a complaint.

### HELP PAYING YOUR BILL

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to [healthconsumer.org](http://healthconsumer.org) for more information.



ATTENTION: If you need help in your language, please call 559-470-0016 or visit Kaweah Health in the Acequia Lobby. The office is open Monday through Thursday from 8:00am-5:00pm & Friday from 8:00am-12:00pm and located near the corner of Floral and Acequia, 305 West Acequia Avenue, in Visalia, California 93291. 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. (English)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 559-470-0016 o visite Kaweah Health en el lobby de Acequia. La oficina está abierta de lunes a jueves de 8:00 am a 5:00 pm y los viernes de 8:00 am a 12:00 pm y está ubicada cerca de la esquina de Floral y Acequia, 305 West Acequia Avenue, en Visalia, California 93291. Ayudas y servicios para También se encuentran disponibles documentos para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos. (Spanish)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mangyaring tumawag sa 559-470-0016 o bisitahin ang Kaweah Health sa Acequia Lobby. Ang opisina ay bukas Lunes hanggang Huwebes mula 8:00am-5:00pm at Biyernes mula 8:00am-12:00pm at matatagpuan malapit sa sulok ng Floral at Acequia, 305 West Acequia Avenue, sa Visalia, California 93291. Mga tulong at serbisyo para sa Available din ang mga taong may kapansanan, tulad ng mga dokumento sa braille, malalaking print, audio, at iba pang naaccess na electronic format. Ang mga serbisyong ito ay libre. (Tagalog)

ATENÇÃO: Se precisar de ajuda em seu idioma, ligue para 559-470-0016 ou visite Kaweah Health no Acequia Lobby. O escritório está aberto de segunda a quinta das 8h00 às 17h00 e sexta-feira das 8h00 às 12h00 e está localizado próximo à esquina da Floral com a Acequia, 305 West Acequia Avenue, em Visalia, Califórnia 93291. Auxílios e serviços para pessoas com deficiência, como documentos em braille, letras grandes, áudio e outros formatos eletrônicos acessíveis também estão disponíveis. Esses serviços são gratuitos. (Portuguese)

ເອົາໃຈໃສ່: ຖ້າ ຫາກ ວ່າ ທ່ານ ຕ້ອງ ການ ການ ຊ່ວຍ ເຫຼືອ ອ ໃນ ພາ ສາ ຂອງ ທ່ານ , ກະ ລຸ ນາ ໂທ ຫາ 559-470-0016 ຫຼື ໄປ ຢ້ຽມ ທ່ານ Kaweah Health ໃນ Acequia Lobby . ຫ້ອງການແມ່ນເປີ ດວ້ ນຈັນເຖິງວັນພະຫັ ດຈາກ 8:00-5:00pm & ວັນສຸກຈາກ 8:00am-12:00pm ແລະຕໍ່ ງຢູ່ໃກ້ກັບແຈຂອງ Floral ແລະ Acequia, 305 West Acequia Avenue, ໃນ Visalia, California 93291. ການຊ່ວຍເຫຼືອ ອແລະການບໍ ລິ ການສໍ າລັ ບ ຄົ ພພິ ການເຊັ່ນ: ເອກະສານໃນຕົ ວອັກສອນນູນ, ການພິ ມໃຫຍ່, ສຽງ, ແລະຮູບແບບອີເລັກໂທຣນິ ກອ້ ນງທີ່ ສາມາດເຂົ້ າເຖິ ງໄດ້ . ການບໍ ລິ ການເຫຼົ່ານີ້ ແມ່ນບໍ່ ສອຍຄ່າ. (Laotian)

CEEB TOOM: Yog tias koj xav tau kev pab ua koj hom lus, thov hu rau 559-470-0016 lossis mus ntsib Kaweah Health hauv Acequia Lobby. Lub chaw ua haujlwm qhib hnuv Monday txog Thursday thaum 8:00 teev sawv ntov txog 5:00 teev tsaus ntuj & Hnuv Friday thaum 8:00 teev sawv ntov-12:00 teev tsaus ntuj thiab nyob ze ntawm lub ces kaum ntawm Floral thiab Acequia, 305 West Acequia Avenue, hauv Visalia, California 93291. Kev pab thiab kev pabcuam rau cov neeg xiam oob khab, xws li cov ntaub ntawv hauv daim ntawv Braille, luam ntawv loj, suab, thiab lwm yam khoom siv hluav taws xob siv tau kuj muaj. Cov kev pabcuam no pub dawb. (Hmong)

注意：如果您需要您的语言的帮助，请致电 559-470-0016 或访问 Acequia 大厅的 Kaweah Health。  
该办公室的开放时间为周一至周四上午 8:00 至下午 5:00，周五上午 8:00 至下午 12:00，位于靠近 Floral 和 Acequia 的拐角处，地址：305 West Acequia Avenue, in Visalia, California 93291。残疾人也可以使用盲文、大字体、音频和其他无障碍电子格式的文档。这些服务是免费的。(Chinese)

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 559-470-0016 hoặc đến Kaweah Health tại Acequia Lobby. Văn phòng mở cửa từ Thứ Hai đến Thứ Năm, từ 8 giờ sáng - 5 giờ chiều & Thứ Sáu từ 8 giờ sáng - 12 giờ trưa và nằm gần góc đường Floral và Acequia, 305 West Acequia Avenue, ở Visalia, California 93291. Hỗ trợ và dịch vụ dành cho người khuyết tật, như các tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử có thể truy cập khác cũng có sẵn. Những dịch vụ này là miễn phí. (Vietnamese)



주의: 귀하의 언어로 도움이 필요하시면 559-470-0016으로 전화하시거나 Acequia 로비에 있는 Kaweah Health를 방문하십시오. 사무실은 월요일부터 목요일까지 오전 8시부터 오후 5시까지, 금요일은 오전 8시부터 오후 12시까지 운영되며, Floral and Acequia 모퉁이 근처에 위치해 있습니다(주소: 305 West Acequia Avenue, Visalia, California 93291). 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인도 사용할 수 있습니다. 이러한 서비스는 무료입니다. (Korean)

0016 بالرقم الاتصال يرجى ،لغتك في مساعدة إلى بحاجة كنت إذا :تنبيه -470- زيارة أو 559 Kaweah Health ردهة في Acequia .المكتب من بالقرب ويقع ظهرًا 12:00 حتى صباحًا 8:00 الساعة من والجمعة مساءً 5:00 حتى صباحًا 8:00 الساعة من الخميس إلى الاثنين من مفتوح زاوية 305 West Acequia Avenue ، Floral and Acequia ، في Visalia ، )أيضًا تتوفر ل وخدمات مساعدات . 93291 كاليفورنيا الوصول يمكن التي الإلكترونية التنسيقات من وغيرها والصوت الكبيرة والمطبوعات برايل بطريقة المكتوبة المستندات مثل ،الإعاقة ذوي للأشخاص (Arabic). مجا الخدمات هذه .إليها .

ATTENZIONE: se hai bisogno di aiuto nella tua lingua, chiama il numero 559-470-0016 o visita Kaweah Health nella lobby di Acequia. L'ufficio è aperto dal lunedì al giovedì dalle 8:00 alle 17:00 e il venerdì dalle 8:00 alle 12:00 e si trova vicino all'angolo tra Floral e Acequia, 305 West Acequia Avenue, a Visalia, California 93291. Ausili e servizi per sono inoltre disponibili documenti in braille, caratteri grandi, audio e altri formati elettronici accessibili. Questi servizi sono gratuiti. (Italian)

559 شماره با لطفاً ،دارید کمک به نیاز خود زبان به اگر :توجه -470- از یا بگیرد تماس 0016 Kaweah Health لابی در Acequia دیدن و است باز ظهر از بعد 12:00 تا صبح 8:00 ساعت از جمعه و ظهر از بعد 5:00 تا صبح 8:00 ساعت از پنجشنبه تا دوشنبه از دفتر این .کنید 305 ،آسکویا و فلورال نبش نزدیکی در West Acequia Avenue ، در Visalia ، خدماتی و کمکی خدمات .است شده واقع 93291 کالیفرنیا این .هستند دسترس در نیز دسترس قابل الکترونیکی های فرمت سایر و صوت ،بزرگ چاپ ،بریل خط به اسناد مانند ،معلولیت دارای افراد برای (Persian). هستند رایگان خدمات .

ATTENTION : Si vous avez besoin d'aide dans votre langue, veuillez appeler le 559-470-0016 ou visiter Kaweah Health dans le hall Acequia. Le bureau est ouvert du lundi au jeudi de 8h00 à 17h00 et le vendredi de 8h00 à 12h00 et est situé près du coin de Floral et Acequia, 305 West Acequia Avenue, à Visalia, Californie 93291. Aides et services pour personnes handicapées, comme des documents en braille, en gros caractères, audio et autres formats électroniques accessibles, sont également disponibles. Ces services sont gratuits. (French)

注意: あなたの言語でサポートが必要な場合は、559-470-0016 にお電話いただくか、Acequia ロビーの Kaweah Health をご覧ください。オフィスの営業時間は月曜日から木曜日の午前 8 時から午後 5 時まで、金曜日の午前 8 時から午後 12 時までで、Floral and Acequia の角近く、305 West Acequia Avenue、Visalia、California 93291 にあります。障害のある人向けに、点字、大きな活字、音声、その他のアクセス可能な電子形式の文書なども利用できます。これらのサービスは無料です。(Japanese)

ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, rufen Sie bitte 559-470-0016 an oder besuchen Sie Kaweah Health in der Acequia-Lobby. Das Büro ist montags bis donnerstags von 8:00 bis 17:00 Uhr und freitags von 8:00 bis 12:00 Uhr geöffnet und befindet sich in der Nähe der Ecke Floral und Acequia, 305 West Acequia Avenue, in Visalia, Kalifornien 93291. Hilfsmittel und Dienstleistungen für Auch für Menschen mit Behinderungen sind Dokumente in Blindenschrift, Großdruck, Audio und anderen barrierefreien elektronischen Formaten verfügbar. Diese Dienste sind kostenlos. (German)

PAŽNJA: Ako vam je potrebna pomoć na vašem jeziku, nazovite 559-470-0016 ili posjetite Kaweah Health u predvorju Acequia. Ured je otvoren od ponedjeljka do četvrtka od 8:00 do 17:00 i petkom od 8:00 do 12:00 sati i nalazi se blizu ugla Floral i Acequia, 305 West Acequia Avenue, u Visaliji, Kalifornija 93291. Pomagala i usluge za osobama s invaliditetom, kao što su dokumenti na brajici, velikim slovima, audio i drugi dostupni elektronički formati također su dostupni. Ove usluge su besplatne. (Serbo-Croatian)