Totally Kids Rehabilitation Hospital

Hospital Financial Assistance Application

We will notify you of your eligibility at the address provided on your application.

Patient Information

Patient Name: _____ Date of Birth: _____

Guarantor/Account Number: _____

Does the patient have medical insurance? ☐YES ☐NO

Has the patient applied for Medi-cal or CCS? ☐YES ☐NO

Applicant/Guarantor

Name: _____ Relationship to Patient: _____

Date of Birth: _____ Marital Status: ☐Single ☐Married ☐Divorced ☐Other: _____

Address: _____

Cell/Phone: _____ Work Phone: _____

Employer: _____ Occupation/Title: _____

Co-Applicant/Guarantor

Name: _____ Relationship to Patient: _____

Date of Birth: _____ Marital Status: ☐Single ☐Married ☐Divorced ☐Other: _____

Address: _____

Cell/Phone: _____ Work Phone: _____

Employer: _____ Occupation/Title: _____

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Family Size (List of all dependents)

Name	Age	Relationship
Total Dependents:		

By signing this form, I agree to allow Totally Kids Rehabilitation Hospital to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand that I am also required to provide the documents listed on this form. I certify that all the above information is true and accurate. I understand that this information is being given for the determination of possible Financial Assistance for services rendered at Totally Kids Rehabilitation Hospital.

Signature of Applicant/Guarantor: _____ Date: _____

Signature of Co-Applicant/Guarantor: _____ Date: _____

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This application allows you to apply for charity care and discounted payment on one form. You will receive the highest level of financial assistance based on the information provided.

Instructions

1. Please complete application and return with copies of the following:
2. Gather Required Documents:
    a. Provide proof of identity. The following documents are accepted as proof:
        i. California driver's license
        ii. Identification card issued by the department of Motor Vehicles
        iii. U.S. citizenship or alien status documents (passport)
        iv. Social Security card
    b. Documentation of Patient/Family Income (choose one)
        i. Recent year Federal Tax return (both applicant and co-applicant)
        ii. Recent pay stub/paycheck (both applicant and co-applicant)
        iii. Award letter of unemployment or disability benefits

3. Gather Optional Documents:
    a. A letter showing approval or denial from Medi-Cal, CCS, Medicare, or other government programs. (not required for discounted payment screening, but is required for full charity care screening)

4. Submit Your Application

    Ensure all documents are included to avoid delays. Applications without income verification, required documents or signed are considered incomplete and will not be processed. For assistance in completing this application, please contact the Business Office at (909) 796-6915, between the hours of 8:00am to 4:00pm Monday through Friday. Please return the application and all required documents by mail or in person to:

    Totally Kids Rehabilitation Hospital (Business Office)
    1720 Mountain View Loma Linda, CA 92354