



Keck Medicine of USC

Keck Hospital
of USC

USC Arcadia
Hospital

USC Norris
Cancer Hospital

USC Verdugo
Hills Hospital

Keck Medicine of USC's Financial Assistance Application

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 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.

Please send your Financial Assistance Application and required documents:

Mail: Keck Medicine of USC

Attention: Financial Assistance Coordinator
2011 N Soto Street -Suite 1620
Los Angeles CA 90033

Secure Fax:

For all Facilities: 323-865-5672

Email: pfscustomerservice@med.usc.edu



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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, USC Verdugo Hills Hospital and USC Arcadia.

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



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Applicant Form:

Applicant Information

Field	Applicant	Spouse/Partner
Name		
Date of Birth		
Social Security #		
Rent/Mortgage Monthly Amount		

Address Information

Field	Value
Street Address	
City	
State	
ZIP	
County	
Rent or Own	
Marital Status	

Contact Information

Type	Applicant	Spouse
Cell Number		
Home Number		

Household Members

#	Last Name	First Name	MI	Date of Birth	Relationship
1					
2					
3					
4					

Income Information (Monthly Gross)

Income Type	Applicant	Spouse
Monthly Wages		
Social Security / SSI / SSDI		
Unemployment		
Child Support		



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Other		
TOTAL		

Required Documents for Charity Care:

- The enclosed application signed. (If you are married both parties must sign).
- 2 paystubs OR income tax returns

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:

Spouse Signature:
Date: