



## **FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS**

**PLEASE NOTE, THIS FORM DOES NOT APPLY TO THE STATE OF CALIFORNIA MEDI-CAL PROGRAM**

CHOC Children's requires the attached application and the supporting documents listed below to properly evaluate your request for a possible reduction of hospital expenses incurred at CHOC Children's in Orange or CHOC Children's at Mission Hospital.

Please complete all sections of the application. The documents listed as required must be included with your application. Any application that is missing information or that is submitted without the required supporting documents will be returned to you.

**ATTENTION: THE FOLLOWING DOCUMENTS ARE REQUIRED.**

**These forms must be submitted along with your Financial Assistance application**

**The two (2) most recent paycheck stubs**

**Bank Statements from the past two (2) months**

**Federal Income Tax returns from the previous year**

Please provide documentation that supports the following sources of Other Income, Assets or Other Resources including:

Social Security

Workers Compensation

Welfare/AFDC

Alimony

Child Support

Rents

Support from family members or someone not living in the household

Unemployment Benefits

Tax Refund

Stocks

Bonds

Trust Funds

Property (other than primary residence)

Please email your complete application and attach the required documents to [FinancialAssistance@choc.org](mailto:FinancialAssistance@choc.org). Completed application can also be mailed to:

CHOC Children's

CHOC Family Payment Center

1201 W. La Veta Ave

Orange, California 92868-3874

If you need to contact the hospital regarding your application, please call contact the CHOC Family Payment Center at 714-509-8600.

The current published federal poverty guidelines are used in determining eligibility. CHOC Children's Financial Assistance policy is available upon request.

Personal Information

Pt. Label

A

<b>Patient Name:</b>		
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
		<b>Patients SS#</b>
<b>Patient's Date of Birth:</b>		<b>Account Number</b>
<b>Guarantor Name:</b>		
<b>Address:</b>		
<b>Does the patient have medical insurance?</b>	<b>Yes</b>	<b>No</b>
<b>Has patient applied for Medi-Cal or CCS?</b>	<b>Yes</b>	<b>No</b>
<b>Total Number of Family Members: (Include all children 21 and under)</b>		<b>Family Members Ages:</b>
<b>Is Patient a California Resident?</b>	<b>Yes</b>	<b>No</b>
<b>Is this for an Emergency Room Visit?</b>	<b>Yes</b>	<b>No</b>

I certify that the information provided is true and accurate to the best of my knowledge. Further, I have or will apply for any assistance (Medi-Cal, Healthy Families, insurance, etc.) which may be available for payment of medical services, and that I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for medical services.

I understand that this application is a tool for the hospital to evaluate eligibility for financial assistance services. I also understand that the hospital will verify the information which may include obtaining a credit report. If the information I have given proves to be untrue, or if I fail to comply with the referral process for Medi-Cal, Medicare, California Children's Services, or other identified programs this may result in forfeiture of the right to be considered for the Financial Assistance Program.

Today's Date: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Assets/Income/Resources

B

Parent / Guarantor Information		Employer Information	Monthly Income (PRIOR to Taxes)
Parent #1 Name		Employer Name:	
			\$
Parent #2 Name:		Employer Name:	
			\$
Other Income (i.e. child support, alimony, unemployment, worker's comp)		Income Source:	
			\$
			\$

**Annualized Income: \$**

Assets and Resources		
Funds	Description	Value
<b>Checking:</b>	Account Number:	\$
<b>Checking:</b>	Account Number:	\$
<b>Checking:</b>	Account Number:	\$
<b>Savings:</b>	Account Number:	\$
<b>Savings:</b>	Account Number:	\$
Funds	Description	Value
<b>Money Market</b>	Type:	\$
<b>Stocks:</b>	Type:	\$
<b>Bonds:</b>	Type:	\$

Personal Property	Description	Value	Equity
<b>Property (Other Than Primary Residence)</b>	Type	\$	\$
	Type:	\$	\$
	Type:	\$	\$
<b>Assets and Resources:</b>	Type:	\$	\$