



Children's  
of Alabama®

## FINANCIAL ASSISTANCE APPLICATION: COVER LETTER

Thank you for choosing Children's of Alabama to provide for the healthcare needs of your child. Please find attached the forms you must complete in order to be considered for financial assistance. **This application will be accepted for 240 days following the first billing statement sent.**

The following is a checklist for you to utilize to insure you have all of the necessary information to submit. **ALL** of the application pages must be completed and the following information provided to process your application.

- Financial Assessment (pages 2 and 3)
- Required Documents listed below (outlined in page 4):
  - Most recently-filed tax returns (W-2 forms)
  - Most recent two or more bank statements
  - Most recent two or more pay stubs **OR** a **notarized** letter from your employer
  - A **notarized** letter explaining how daily needs are met and signed by person(s) lending the assistance (if no income is reported)
  - A **notarized** letter explaining the length of unemployment along with name and relationship to you (if you have anyone of working age 18 or older who is unemployed living with you)
- Acknowledgements signed and dated (page 4)

If you have any questions regarding your Financial Assistance Application, please call 205-638-2722. Please mail or deliver the completed application and all supporting and signed information to:

**By Mail:**

**Children's of Alabama**  
**Attention: Financial Counseling**  
**P. O. Box 36549**  
**Birmingham, AL 35236-6549**

**In Person (accepted M-F 8:00 AM-4:30 PM):**

**Patient Relations on Main Street**  
**Children's of Alabama**  
**1600 7<sup>th</sup> Avenue South**  
**Birmingham, AL 35223**



### FINANCIAL ASSISTANCE APPLICATION: FINANCIAL ASSESSMENT

#### Patient Information

Name:	Date:	Account #:
Birth Date:	Sex: (Circle One) Male or Female	Medical Record #:
Address:	Zip Code:	Primary (Circle one: home / work / cell) Phone #:
County:	Attending Doctor:	Previous Patient: (Circle One) Yes or No

#### Guarantor (Responsible Party) Information

Name:	Birth Date:	Primary (Circle one: home / cell) Phone #:
Address:	Zip Code:	Secondary Phone #:
Employer:	Employer's Address:	Work Phone #:

#### Household Members (Everyone living with you except patient)

Name:	Age:	Relationship:
1.		
2.		
3.		
4.		
5.		
6.		
7.		

#### Insurance Information

Insurance Name #1:	Policyholder's Name:	Contract #:
State:	Group Name:	Group #:
Insurance Name #2:	Policyholder's Name:	Contract #:
State:	Group Name:	Group #:

Is the patient eligible for any type of Grant Study or other governmental assistance program? (Circle One): Yes or No	If yes, please list the program name, contact person and phone #, if available:
Is the patient a U.S. Citizen? (Circle One): Yes or No	Has the patient applied for Medicaid, AllKids, Medicare, or Tricare? (Circle One): Yes or No. If yes, was the patient approved? (Circle One): Yes or No.



**FINANCIAL ASSISTANCE APPLICATION: FINANCIAL ASSESSMENT (CONTINUED)**

<b>Income Per Month</b>
Wages of Father (Member of Household): \$
Wages of Mother (Member of Household): \$
Social Security Benefits: \$
Supplemental Security Income: \$
V.A. Pension: \$
Pension: \$
Unemployment: \$
Worker's Compensation: \$
Interest Income: \$
Dividend Income: \$
Child Support: \$
Alimony: \$
Rental Income: \$
Other: \$
<b>TOTAL: \$</b>

Financial Settlement

<p>Was the Children's of Alabama visit the result of an accident? Yes or No</p> <p>If yes, has a claim been filed with applicable insurance (i.e., auto, worker's compensation, or homeowners)? Yes or No</p> <p>Insurance Amount Received: \$ _____</p> <p><b>Total: \$</b> _____</p>
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## FINANCIAL ASSISTANCE APPLICATION: DOCUMENTS AND ACKNOWLEDGEMENT

**You also must provide copies of the following documents for your Financial Assistance application to be processed:**

1. Most recent two or more bank statements (for checking and savings accounts),
2. Most recent two or more pay stubs or a **notarized\*** letter from your employer (\*A letter template is available for you to use to meet this requirement. Please call 205-638-2722 to request this template from the Financial Counselors.)
  - a. If no income is reported, information as to how daily needs are met is required. If the family is supported by relatives or friends, a **notarized\*** letter explaining these arrangements is required. The letter must be signed by person(s) lending assistance. (\* A letter template is available for you to use to meet this requirement. Please call 205-638-2722 to request this template from the Financial Counselors.)
  - b. If anyone of working age (18 or older) living with you is unemployed, a **notarized\*** letter is required stating length of unemployment, along with the name and relationship to you. A statement of denied unemployment benefits will also be accepted. (\*A letter template is available for you to use to meet this requirement. Please call 205-638-2722 to request this template from the Financial Counselors.)
3. Most recently-filed tax returns (State and Federal), and
4. SSI, Disability, or Social Security benefit statements (if apply).

To the best of my knowledge, I certify the information I provided is an accurate and true representation of my financial information. I also certify there is not additional insurance coverage for this patient other than what was listed at the time of registration.

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Guarantor or Responsible Party Signature

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Date

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Financial Counselor Signature



## INSTRUCTIONS FOR FINANCIAL ASSESSMENT (PAGES 2 AND 3 OF APPLICATION)

### PATIENT INFORMATION

1. "Name"—Patient's full name (first, middle, last)
2. "Date"—Today's date
3. "Account #"—Receivable Group Number (see: top left box on statement). If application is completed prior to services, leave blank.
4. "Birth Date"—Patient's date of birth
5. "Sex"—circle "Male" or "Female"
6. "Medical Record #"—Patient's Medical Record Number (MRN). If application is completed prior to services, leave blank.
7. "Address"—Patient's current address
8. "Zip Code"—Patient's zip code for current address
9. "Primary (Circle one: home / work / cell) Phone #"—Responsible Party's current phone number (best one to call)
10. "County"—Patient's county for current address
11. "Attending Doctor"—Patient's main doctor at Children's of Alabama
12. "Previous Patient"—Circle "Yes" if Patient has been to Children's before or "No" if first time

### GUARANTOR (RESPONSIBLE PARTY) INFORMATION

13. "Name"—Responsible Party's full name (first, middle, last)
14. "Birth Date"—Responsible Party's date of birth
15. "Primary (Circle one: home / cell) Phone #"—Responsible Party's current phone number (best one to call)
16. "Address"—Responsible Party's current address
17. "Zip Code"—Responsible Party's zip code for current address
18. "Secondary Phone #"—Responsible Party's next best phone number to call
19. "Employer"—Responsible Party's current company for whom he / she works
20. "Employer's Address"—Responsible Party's current company's address
21. "Work Phone #"—Responsible Party's current work phone number

### HOUSEHOLD MEMBERS (Everyone living with you except patient)

22. "Name"—List spouse's name and the names of all other children's and/or adults' who live with Responsible Party
23. "Age"—List spouse's age and the ages of all of the children and/or adults' who live with Responsible Party
24. "Relationship"—List spouse's relationship and relationships of all children and/or adults who live with Responsible Party

### INSURANCE INFORMATION

25. "Insurance #1"—Primary Insurance Company's Name
26. "Policyholder's Name"—Name of person responsible for the insurance policy
27. "Contract #"—Number for individual plan (see: front of insurance card)
28. "State"—State of Insurance Company's address
29. "Group Name and #"—Name and number for group (see: front of insurance card)
30. "Insurance #2"—Secondary Insurance Company's Name (if have two insurance policies)
31. See all instructions above (#26-#29) to complete for #2 policy.
32. "Is the patient eligible for any type of Grant Study, governmental assistance program?"—Circle "Yes" if Patient has been invited to participate in a research or grant study or if Patient can receive money or funds from a governmental program. If Patient has / cannot, then circle "No".

33. "If yes, please list program name, contact person and phone number if available."—If you circled "Yes" for #31 (above), then list the research or grant study's name, contact person, and phone number if possible.
34. "Is the patient a U.S. Citizen?"—Circle "Yes" if Patient is or "No" if Patient is not a U.S. citizen.
35. "Has the patient applied for Medicaid, AllKids, Medicare, or Tricare?"—Circle "Yes" if Patient has applied for any of these programs or "No" if Patient has not.
36. "If yes, was the patient approved?"—Circle "Yes" if Patient has been approved for one of the financial assistance programs listed in #35 (above) or "No" if Patient was denied.

INCOME PER MONTH

37. "Wages-Father"—Money earned each month from Father's (who is a member of your household) work / job
38. "Wages-Mother"—Money earned each month from Mother's (who is a member of your household) work / job
39. "Social Security Benefits"—Money received each month from the U.S. government under Social Security benefits
40. "Supplemental Security Income"—Money received each month from the U.S. government under S.S.I.
41. "V.A. Pension"—Money received each month from the U.S. V.A. Pension plan
42. "Pension"—Money received each month from the U.S. government under retirement plan benefits
43. "Unemployment"—Money received each month from U.S. government due to not having a job / not working
44. "Worker's Comp"—Money received each month from employer (wage replacement and medical benefits)
45. "Interest Income"—Money earned each month on investments over the amount paid out for deposits
46. "Dividend Income"—Money earned each month on investments (corporate profits shared with shareholders)
47. "Child Support"—Money received each month (by court orders) to help offset the costs of raising child(ren), typically made by noncustodial divorced parent
48. "Alimony"—Money received each month (by court orders) for provisions from spouse after separation or divorce
49. "Rental Income"—Money received each month from tenant when renting a piece of your property
50. "Other"—Money received each month from any other source
51. "Total"—Sum of all money received EACH MONTH (add #37 through #50 amounts)

FINANCIAL SETTLEMENT

52. "Was the Children's of Alabama visit the result of an accident? Yes or No."—Circle "Yes" if Patient received services at Children's of Alabama due to an accident or "No" if the services did not result from an accident.
53. "If yes, has a claim been filed with applicable insurance (i.e., auto, worker's compensation, or homeowners)?"—Circle "Yes" if you or someone has filed a claim with your insurance or "No" if not.
54. "Insurance Amount Received"—Amount of money received from the insurance company to cover the accident's expenses
55. "Total"—Sum of all money received (if filed multiple claims) to cover the accident's expenses

\*\*\*Also, BE SURE TO COMPLETE PAGE 4 OF 4 (FINANCIAL ASSISTANCE APPLICATION: DOCUMENTS AND ACKNOWLEDGEMENTS)—providing all information / documents and signing (as "Guarantor or Responsible Party Signature") and dating the document at the bottom left of the page before application submission.