



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.**

PLEASE NOTE IF YOU HAVE INSURANCE: IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE, YOU MUST HAVE A COMBINED BALANCE OF \$2500. IF ANY QUESTIONS, PLEASE CONTACT A COUNSELOR AT 205-638-2722 OR EMAIL FINANCIALASSISTANCE@CHILDRENSAL.ORG.

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 and 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 7th 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 #:



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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)

Income Per Month
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: \$
TOTAL: \$



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Financial Settlement

Was the Children's of Alabama visit the result of an accident? Yes or No

If yes, has a claim been filed with applicable insurance (i.e., auto, worker's compensation, or

homeowners)? Yes or No

Insurance Amount Received: \$ _____

Total: \$ _____

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.

Guarantor or Responsible Party Signature

Date

Financial Counselor Signature