



Children's Mercy

HOSPITALS & CLINICS

www.childrens-mercy.org

Financial Assistance Application

(Front)

8241-072 MR 02/07

INSTRUCTIONS:

1. The Children's Mercy Hospital offers a discount program for patients not eligible for other assistance programs. If it is determined that eligibility exists for other programs, applications must be completed before discounts will be given.
2. **Attach 3 months of previous check stubs or statement of wages on company letterhead from employer. Incomplete applications will not be considered for assistance.**
3. **Attach proof of residency (driver's license, utility bill, etc.).**
Social Security/SSI \$ _____ Unemployment/Work Comp \$ _____ Child Support \$ _____
4. If you have questions or need help completing this application, please call the admissions counselors at (816) 234-3567.

**Parent/Guardian – Please complete and mail WITHIN 15 DAYS to: Children's Mercy Hospital
ATTN: Admissions Department
2401 Gillham Road
Kansas City, MO 64108**

Complete Name of Father or Guardian ↓

Stepfather? Yes No

Last	First	Middle	Social Security Number
	() -	() -	
Relationship to Child(ren)	Home Phone	Work Phone	
Home Address	City	State	Zip
Employer's Name	How Long Employed	Occupation	

Complete Name of Mother or Guardian ↓

Stepmother? Yes No

Last	First	Middle	Social Security Number
	() -	() -	
Relationship to Child(ren)	Home Phone	Work Phone	
Home Address	City	State	Zip
Employer's Name	How Long Employed	Occupation	

PLEASE LIST ALL OF YOUR CHILDREN (IN HOUSEHOLD) BELOW:

Last	First	Date of Birth	Insurance/Medicaid/ Other Information	OFFICE USE – MR #
		/ /		
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If any other children are seen after financial assistance is approved, please notify the Admissions Department.



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Income verification is required for all discounts.

Do you have any medical coverage? No Yes

Were any of the services the result of an accident? No Yes

HOUSEHOLD EXPENSE INFORMATION:

Please indicate below the amount you spend each month for each of the following items. This information is needed to help us determine the amount of possible discount you will receive.

Item	Monthly Payment	Amount Still Owed
_____ Housing Costs: _____ Rent _____ Mortgage	\$ _____	\$ _____
_____ Food/Groceries	\$ _____	
_____ Utilities (gas, electricity, phone)	\$ _____	
_____ Insurance (life, car, medical)	\$ _____	
_____ Car Payments	\$ _____	\$ _____
_____ Charge Accounts – PLEASE DESCRIBE BELOW	\$ _____	\$ _____
_____ Child Care Costs	\$ _____	
_____ Alimony or Child Support	\$ _____	
_____ Loans – PLEASE DESCRIBE BELOW	\$ _____	\$ _____
_____ Medical Expenses – PLEASE DESCRIBE BELOW	\$ _____	\$ _____
_____ Other Expenses – PLEASE DESCRIBE BELOW	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES (Will be added by Financial Counseling.)	\$ _____	

PARENT/GUARDIAN EXPLANATION, REQUEST, AND ADDITIONAL INFORMATION:

Please use this section to explain any circumstance that makes payment of these accounts a financial hardship, give us any other information which you feel would be helpful in reviewing your request for discount. You may also wish to attach any additional documentation which would provide this additional information.

PLEASE READ AND SIGN BELOW:

If I am approved for a financial discount, The Children's Mercy Hospital reserves the right to reverse this discount should any third party payer or carrier pay on my account(s) partially or in its entirety. I understand that The Children's Mercy Hospital will reverse any discount that is given if other payments are received. I certify that the information given on this application and any attached supporting documentation is accurate and complete to the best of my ability. I authorize The Children's Mercy Hospital to investigate the information in reviewing my application for financial assistance. I further more authorize the release of any information needed to determine my eligibility or for auditing purposes including external sources that may provide funds or their designated auditors.

_____	_____	____/____/____
Signature of Father/Guardian	Relationship	Date
_____	_____	____/____/____
Signature of Mother/Guardian	Relationship	Date