

Rady Children's Hospital – San Diego

FINANCIAL ASSISTANCE APPLICATION INSTRUCTIONS

Instructions

The Rady Children's Hospital San Diego's Financial Assistance Program provides financial assistance to patients with medically necessary healthcare needs and are low-income, uninsured or underinsured, ineligible for a government program, and are otherwise unable to pay for medically necessary care based on their individual family financial situation.

To determine if a patient/guarantor qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance.

Please fully complete the attached application and return with copies of the following:

1. Documentation of Patient/Family income. Income may be verified through any of the following mechanisms:
 - a. Tax returns (preferred)
 - b. Recent pay stubs/paycheck remittance or telephone verification by employer
 - c. IRS form W-2
 - d. Wage and Earnings Statement
 - e. Social Security income
 - f. Workers' Compensation or unemployment compensation determination letters
 - g. Qualification within the preceding six months for governmental assistance program (including food stamps, Medi-Cal, and AFDC)
 - h. If the patient/Guarantor is unable to provide documentation of income, Rady Children's may in its sole discretion require the patient/Guarantor to make an attestation signed under the penalty of perjury as to (i) the truth of any income information provided on the Financial Assistance Application form, (ii) an explanation as to why they have not provided income documentation, and (iii) verification of the accuracy of Rady Children's calculation of their income.
2. Documentation of alimony and child support payments, if applicable.
3. Documentation of assets if (a) applying for Charity Care and (b) requested by Rady Children's.
4. Documentation of medical expenses actually paid for the patient in the prior 12 months. Expenses incurred by the guarantor, which are not related to the patient, will not be considered.
5. Documentation of the *presence or absence* of third party health coverage (private insurance including coverage offered through the California Health Benefits Exchange, Medi-Cal, CCS, Tricare, Medicare, Worker's Compensation, automobile insurance, or other).
 - a. All patient and/or guarantors applying for financial assistance are expected to pursue public health insurance options, including but not limited to Medi-Cal or California Children's Services, before RCHSD will make a final FAP eligibility determination.

Applications without income verification or signed attestation are considered incomplete and will not be processed. For assistance in completing this application, please contact Rady Children's

Subtract Alimony, Support Payments Paid
Equals Current Monthly Income

Total Monthly Income (combine both Guarantors)

By signing this form, I agree to allow Rady Children's Hospital – San Diego to check employment and credit history for the purpose of determining my eligibility for a financial discount. I understand that I am also required to provide the documents outlined in the RCHSD Financial Assistance Application Instructions **within 21 days**.

I certify that all of the above is true and correct and that all income is reported. I understand that this information is being given for the determination of possible Financial Assistance for services rendered at Rady Children's Hospital San Diego; and that hospital officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to immediate denial.

Signature of Guarantor

Date

Signature of Guarantor

Date