

Financial Assistance Application



PART A – PATIENT INFORMATION

Last Name _____ First Name _____ Birthdate _____ SSN _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Marital Status: Single Live-In Partner Married Separated Divorced Widowed

Do any of your dependents have any North Kansas City Hospital accounts that need to be considered within this application? Yes No

PART B – DOCUMENTS

Please attach copies of the following documents:

- Most recent income tax return
- Bank statements for the last two months
- Pay stubs for the last two months or Social Security/Disability Benefit letter

If unable to provide such documentation, please contact a Resource Counselor (816.691.2598) to discuss other evidence that may be provided to demonstrate eligibility.

PART C – RESPONSIBLE PARTY INFORMATION

Examples include: spouse, live-in partner, parent, guardian, guarantor, etc.

Last Name _____ First Name _____ Relationship to Patient _____

SSN _____ Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

PART D – DEPENDENTS

List all dependents who reside in the applicant's home **for whom the applicant takes financial responsibility.**

Check the appropriate relationship box for each dependent. **Attach an additional sheet if necessary.**

NAME	AGE	SPOUSE/PARTNER	PARENT	CHILD (UNDER 21)	OTHER

Number of people in household: _____ Number of children under age 21 in the home: _____ OVER >

PART E – HOUSEHOLD INCOME & ASSETS

Monthly Gross (last 30 days)

Source of Income	Patient/Applicant	Spouse/Live-in Partner	Asset Type	Patient/Applicant	Spouse/Live-in Partner
Gross Wages/Salary	\$	\$	If owned, value of house	\$	\$
Social Security Benefit	\$	\$	Loan balance	\$	\$
Disability Benefit	\$	\$	Other property, value	\$	\$
Unemployment Benefit	\$	\$	Loan balance	\$	\$
State Assistance	\$	\$	Stocks/Bonds	\$	\$
Alimony/Child Support	\$	\$	Certificate of Deposit (CD)	\$	\$
Rental/Business Income	\$	\$	IRAs/Retirement Fund	\$	\$
Student Loans/Grants	\$	\$	Checking/Savings Account(s)	\$	\$
Other	\$	\$	Investment Account(s)	\$	\$
Total Income	\$	\$	Total Assets	\$	\$

If income is \$0, please check all that apply:

- Lives with relative(s)
 Lives with friend(s)
 Retired
 Unemployed
 Disabled
 Homeless
 Student

Other: _____

PART F – SIGNATURE

By my signature below, I certify the above information is an accurate and complete statement of my current financial position and give my permission to verify this information.

Signature of Patient/Responsible Party _____

Date _____



2800 Clay Edwards Dr.
 North Kansas City, MO 64116
 816.691.2000
 nkch.org

Where your care is personal.