Kiowa District Healthcare
Financial Assistance Application

Charity and Patient Assistance Programs

Our mission is to care for all patients regardless of ability to pay. No patients are denied medical care because of a lack of health insurance or concern about paying. Kiowa District Healthcare offers Charity Care and Patient Assistance Programs that provide free or discounted services to patients who qualify.

If you cannot pay your part of the bill in full, the business office staff will work with you. We will help you develop a payment plan for your particular situation. If you do not have insurance or funds to pay your bill, there are options for you. You may qualify for one of the government programs that will pay for your services. KDH will help you by understanding your situation and assisting with the application process.

To help determine if you qualify for Kiowa District Healthcare's Charity Care and Patient Assistance Programs, KDH:

- Uses income guidelines issued by the United States Department of Health and Human Services
- Considers all of your financial assets and liabilities
- Requires you provide personal and financial information

<table>
<tr><td colspan="4">NAME:</td><td colspan="2">Social Security #</td></tr>
<tr><td>STREET:</td><td>CITY:</td><td>STATE:</td><td>ZIP:</td><td>Phone (Home):</td><td>Cell:</td></tr>
<tr><td colspan="3">Place of Employment:</td><td colspan="2">Health Insurance Plan:
YES ☐ NO ☐</td><td>Name of Insurance:</td></tr>
</table>

Please list spouse and dependents living in household

	NAME	DATE OF BIRTH
Self		
Spouse		
Dependent		
Dependent		
Dependent		

Annual Household income

SOURCE	SELF	SPOUSE	OTHER	TOTAL
Gross Wages & Salary				$
Social Security, Pension, Annuity, VA Benefits				$
Alimony, Child Support, Military Allotments				$
Business Income from Self Employment				$
Rent, Interest, Dividends				$
Other Income				$
TOTAL INCOME:				$

Note: Include income from all sources including gross wages, tips, social security, disability, pensions, annuities, veteran's payments, net business or self-employment, alimony, child support, military, unemployment and public aid.

Verification Checklist (Attach ALL Copies)

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, SS Card, or other		
Income: Last 2 years tax returns & 3 most recent pay stubs		
Insurance: Insurance Card(s)		
Medicaid: Application Made or Evidence of Rejection		

I certify that the family size and income information shown above is correct.

Please Include the last 3 paystubs & the last 2 years of tax returns

NAME: (Print) ______________________________________ DATE: ____

SIGNATURE: ____

The signed completed form and supporting documents need to be submitted to the Kiowa District Healthcare Business Office.

OFFICE USE ONLY

Patient Name: ______________________ Discount: _____________________________

Date of Service: _____________________ Approved By: ________________________

Kiowa District Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Communication assistance services, free of charge, are available to you. Call 1-888-528-6692

Spanish:
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-528-6692

Vietnamese:CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụhỗtrợngữmiễn phí dành cho bạn.Gọi số1-888-528-6692

Chinese:注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-528-6692

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-528-6692.

Korean:주의: 한국어를사용하시는경우, 언어지원서비스를무료로이용하실수있습니다. 1-888-528-6692번으로전화해주십시오.

Lao: ໂປດຊາບ: ້ຖາ ່ວາ ່ທານເວ ້້າພາສາ ລາວ, ການບໍລິການ ່ຊວຍເຫ ້ ້ ອ ້ດານພາສາ, ໂດຍບໍ່ເສັຽ ່ຄາ, ແ ່ມນມີ ້ພອມໃ ້ຫ ່ທານ. ໂທຣ
1-888-528-6692**.**

Arabic: 888-528-6692 - 1: ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم
)رقم هاتف الصم والبكم

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-528-6692

Burmese: သတိျပဳရန္ - အကယ္၍ သင္သည္ ျမန္မာစကား ကို ေျပာပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့္အတြက္ စီစဥ္ေဆာင္ရြက္ေပးပါမည္။ ဖုန္းနံပါတ္ 1-888-528-6692 သို႔ ေခၚဆိုပါ။

French: ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-888-528-6692

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-528-6692まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-528-6692

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-528-6692

Persian: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با1-888-528-6692تماس بگیرید

Swahili: KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-888-528-6692