



Dear Parent/Guardian:

KidsPeace is committed to providing excellent care regardless of a family's ability to pay. We recognize that this can be a difficult and trying time not only for the child but also for the family. You are receiving this packet because you indicated a financial hardship exists with paying your medical bills.

Attached please find our Charity Care Application. All completed applications are processed in confidence and are screened without prejudice and discrimination. Based on the information provided, you may qualify to be partially forgiven or fully forgiven of the amount outstanding. If your child is in care for an extended period of time, we request this process to be completed every six months to ensure your financial situation has not changed.

Before we can process your application you must attach supporting documentation showing **all income sources for everyone in your household** for the last six months. Instructions are detailed on the application. For your convenience, a checklist of items needed is provided below. Any missing information will delay the application process.

- _____ **Application- completed to its entirety, signed, dated**
- _____ **Copies of all income- for the last 6 months, including but not limited to:**
 - _____ **Paystubs (if self employed provide your most recent year's tax return)**
 - _____ **Child support printouts**
 - _____ **Alimony paystubs/printouts**
 - _____ **Pension paystubs/printouts**
 - _____ **Military Benefits paystubs/printouts**
 - _____ **Unemployment paystubs/printouts**
 - _____ **Social Security Income (SSI) paystubs/printouts**
 - _____ **Disability Benefits paystubs/printouts**
 - _____ **Workers Compensation paystubs/printouts**
 - _____ **Public assistance documentation (cash, food stamps, etc)**
 - _____ **Net Rental Income**
 - _____ **Annuities**
 - _____ **Interest Income**
 - _____ **Other- any other source not listed here**

Additionally, if there is a significant financial hardship that you are currently facing, you are welcome to include any supporting documentation with your application, but it is not a requirement to process the application.

If you have any questions, please contact me directly at Kathryn.Sena@kidspeace.org or 610-799-8549. Once we have your complete application, we will process it and make a determination within 7 business days. Regardless of the decision, you will be notified.

Sincerely,

Kathryn Sena
Manager, KidsPeace Patient Accounts Department



ATTACHMENT A

CHARITY CARE AND FINANCIAL ASSISTANCE APPLICATION

KidsPeace provides medically necessary services to patients regardless of their ability to pay. It is the responsibility of the patient's family to apply for any state or federal financial assistance program. Should a family not qualify for State or Federal programs, KidsPeace will assess any family that is uninsured or underinsured based on gross income, documented hardships and family size to consider reduced financial responsibility.

Instructions: Please complete the form in its entirety. All copies of supporting documentation should be attached to avoid processing delay. An application cannot be processed unless all documentation is received.

Patient Demographics:

Patient Name: _____ Patient Date of Birth _____

Guarantor/Parent Information

1. Guarantor/Parent Name _____ Date of Birth: _____

Guarantor/Parent Social Security # _____

Relationship to Patient: _____ Employer: _____

Full Address: _____ Home

Phone: _____ Cell Phone: _____

2. Guarantor/Parent Name _____ Date of Birth: _____

Guarantor/Parent Social Security # _____

Relationship to Patient: _____ Employer: _____

Full Address: _____ Home

Phone: _____ Cell Phone: _____

Size of Family _____ First Names of all Family Members: _____

Please circle all forms of income received within the last six months:

Wages	Pension	Unemployment Compensation	Social Security
Child Support	Alimony	Disability Benefits	Workers Compensation
Public Assistance	Net Rental Income	Annuities	Interest income
Child Support	Other		

**Please attach supporting documentation for any of the above income categories that apply for the most recent six month period.*



Attachment B

Federal Poverty Guidelines
Sliding Fee Scale
Effective November 2015

Size of Family Unit	100% Discount		101% - 133% Discount		133% - 200% Discount		201% - 300% Discount		301% - 400% Discount		401% Discount	
	0% Pay	80% Pay	20% Pay	40% Pay	60% Pay	40% Pay	40% Pay	60% Pay	20% Pay	80% Pay	0% Pay	100% Pay
1	\$ -	\$ 11,770.00	\$ 11,771.00	\$ 15,654.00	\$ 15,655.00	\$ 23,540.00	\$ 23,541.00	\$ 35,310.00	\$ 35,311.00	\$ 47,080.00	Over \$ 47,081.00	Over \$ 47,081.00
2	\$ -	\$ 15,930.00	\$ 15,931.00	\$ 21,187.00	\$ 21,188.00	\$ 31,860.00	\$ 31,861.00	\$ 47,790.00	\$ 47,791.00	\$ 63,720.00	Over \$ 63,721.00	Over \$ 63,721.00
3	\$ -	\$ 20,090.00	\$ 20,091.00	\$ 26,720.00	\$ 26,721.00	\$ 40,180.00	\$ 40,181.00	\$ 60,270.00	\$ 60,271.00	\$ 80,360.00	Over \$ 80,361.00	Over \$ 80,361.00
4	\$ -	\$ 24,250.00	\$ 24,251.00	\$ 32,253.00	\$ 32,254.00	\$ 48,500.00	\$ 48,501.00	\$ 72,750.00	\$ 72,751.00	\$ 97,000.00	Over \$ 97,001.00	Over \$ 97,001.00
5	\$ -	\$ 28,410.00	\$ 28,411.00	\$ 37,785.00	\$ 37,786.00	\$ 56,820.00	\$ 56,821.00	\$ 85,230.00	\$ 85,231.00	\$ 113,640.00	Over \$ 113,641.00	Over \$ 113,641.00
6	\$ -	\$ 32,570.00	\$ 32,571.00	\$ 43,318.00	\$ 43,319.00	\$ 65,140.00	\$ 65,141.00	\$ 97,710.00	\$ 97,711.00	\$ 130,280.00	Over \$ 130,281.00	Over \$ 130,281.00
7	\$ -	\$ 36,730.00	\$ 36,731.00	\$ 48,851.00	\$ 48,852.00	\$ 73,460.00	\$ 73,461.00	\$ 110,190.00	\$ 110,191.00	\$ 146,920.00	Over \$ 146,921.00	Over \$ 146,921.00
8	\$ -	\$ 40,890.00	\$ 40,891.00	\$ 54,384.00	\$ 54,385.00	\$ 81,780.00	\$ 81,781.00	\$ 122,670.00	\$ 122,671.00	\$ 163,560.00	Over \$ 163,561.00	Over \$ 163,561.00
Each Addtl member	\$4,160		\$5,200	\$6,240	\$7,280	\$8,320						\$ 8,321.00