



Keck Medicine of USC

Keck Hospital
of USC

USC Arcadia
Hospital

USC Norris
Cancer Hospital

USC Verdugo
Hills Hospital

Keck Medicine of USC, which includes Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital (VHH), and USC Arcadia Hospital (UAH), is dedicated to providing quality health care to our patients. We realize that payment for services may be a financial hardship for you at this time. Financial Assistance is to aid those that may qualify to reduce or eliminate their cost of care obligation.

Attached with this letter, you will find an application to enable an evaluation of your financial hardship. You must complete the application in order to be considered for the financial assistance program. If your financial situation meets the eligibility criteria set forth by the Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital (VHH), and USC Arcadia Hospital (UAH) Financial Assistance Program, you may be eligible for full (Charity Care) or partial (Discounted) forgiveness of debt.

To process this application for Charity Care Program, we require:

- The enclosed application completed in its entirety.
- You must sign and date the financial assistance application. If the patient/guarantor and/or spouse provide information, both must sign the application.
- Copy of your most recent cancelled rent check, lease agreement or mortgage payment.
- Copy of the last two pay stubs for any wage earned contributing to the household income.
- Copy of your two most current bank statements (checking/savings).
- Copy of your disability, social security payment statement, unemployment notice of eligible benefits and bank statement reflecting deposits.
- If you do not have a source of income or proof of income documents, please provide a letter explaining how you support yourself and your family. This is a written and signed statement from a family member or friend who is providing your room and board and/or income.
- Copy of your most recent tax return, including all applicable schedules and attachments submitted to the Internal Revenue Service.
- If your most recent tax return is not available, then we will need one of the following:
 - Social Security Awards Letter
 - Proof of non-filing from the IRS (call 800-829-1040 to obtain a copy)If you have not filed a current federal tax return and have requested an extension for taxes, please include, along with the previous year's tax returns



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To process this application for the Discounted Program, we require:

- The enclosed application signed. If you are married both parties must sign.
- Recent Paystubs OR income tax returns

***Please note that patients that only apply for the Discount program may receive less financial assistance than what may be available under the Charity Care program.

We realize that your income from previous tax records may not adequately reflect your current circumstances. It is important that you complete and submit the completed Financial Assistance Application along with all the required documents within fifteen (15) days.

Please send your Financial Assistance Application and required documents:

****For USC Arcadia Hospital:**

- Mail: USC Arcadia Hospital
Attention: Business Office- Patient Financial Services
300 Huntington Drive
Arcadia CA 91007
- Secure Fax: 626-898-8996

*****For Keck Medicine of USC, USC Norris Cancer Hospital, and USC Verdugo Hills Hospital:**

- Mail: Keck Medicine of USC
Attention: Financial Assistance Coordinator
1000 S Fremont Ave
Unit 16, Building A13
Alhambra CA 91803
- Secure Fax:
 - For all Facilities: 323-865-5672
- Email: pfscustomerservice@med.usc.edu

Contact information:

USC Arcadia Hospital:

- Contact the Financial Assistance Coordinator
 - Call: 626-574-3594

Keck Hospital – USC Norris Cancer Hospital- USC Verdugo Hills Hospital:

- Contact the Financial Assistance Coordinator
 - Call: 855-532-5729



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Once we have reviewed your application, we will notify you of our decision in writing as soon as possible. If you wish to discuss your account or have any questions, please contact Patient Financial Services at 855-532-5729 for Keck Hospital, USC Norris Cancer Hospital or USC Verdugo Hills Hospital.

For USC Arcadia Hospital please call 626-574-3594

Our business hours are Monday – Friday, 8:00 am to 5:00 pm PST.



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Demographic Information	Name		Date of Birth		Spouse/Partner		Date of Birth	
	Address				City		State	Zip
	Time at Present Address ___ Rent ___ Own ___ Years ___ Months				County		Marital Status ___ Married ___ Single ___ Divorced ___ Widowed	
	Cell Number		Work Number	Home Number	Spouse Cell Number		Spouse Work Number	
	Please list ALL persons living in your household; including dependents (Attached an additional sheet if needed)							
	Last Name		First Name		MI	Date of Birth		Relationship to Applicant
	1							
	2							
	3							
	4							
Self				Spouse				
Social Security#				Social Security#				
Employed By				Employed By				
Business Address				Business Address				
Occupation				Occupation				
Length Employed ___ Years ___ Months ___ Hours worked per week				Length Employed ___ Years ___ Months ___ Hours worked per week				



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Income: Represents total cash receipts from all sources before taxes.

Source of Income

Self Monthly Gross

Spouse Monthly Gross

Gross Income		Gross Income	
Social Security/SSI/SSDI		Social Security/SSI/SSDI	
Public Assistance		Public Assistance	
Rental Property Income		Rental Property Income	
Work Comp		Work Comp	
Unemployment		Unemployment	
Child Support		Child Support	
Other		Other	
TOTAL		TOTAL	

Assets/Property

Checking		Cash on Hand			
Savings		Trust Account			
Stock/Bonds		Credit Union		Other	

Monthly Expense

House Payment/Rent		Auto Insurance		Life Insurance	Health Insurance
Property Tax		Phone/Cell Phone		Food	Water and Sewer
Property Insurance		Vehicle Payment		Daycare Expense	Medical Expenses
Gas		Vehicle Payment		Child Support Expense	Other/Specify:
Electric					TOTAL

Required Documents:



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Required Documents for Charity Care:

- Proof of Income (i.e. 2 Pay stubs for each wage earner, SS, SSI, SSDI, Public Assistance, Rental Income, Retirement, Pension, VA Benefits, Unemployment, Workers Comp, Child Support, Alimony, or Other)
- Copy of your most recent tax return, including all applicable schedules and attachments
- Copy of your two most current bank statements (checking/savings)
- Copy of your most recent cancelled rent check, lease agreement or mortgage payment
- Written statement from a family member or friend who is providing your room and board and/or income.
- Complete Financial Assistance Application

ASSIGNMENT OF RIGHTS

By signing below, I declare under penalty of perjury that the information and statements contained in this Application for Financial Assistance and all documentation which I submit are accurate true and correct. You are hereby authorized to check my credit history in order to evaluate this application for Financial Assistance consideration.

- I understand that Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital may make reasonable requests for additional information and verification if necessary.
- I understand that the information and statements I have provided will be kept confidential by Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital.
- I understand that the completion of the application will allow Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital to consider my circumstances.
- I understand Keck Medicine of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, and USC Arcadia Hospital makes no representation that financial assistance is guaranteed.

I/We hereby certify the above information and voluntarily authorize you to obtain credit information relative to me/us.

Signature

Date

Signature

Date

If you would like to include additional information, please attach additional sheets.