



CHILDREN'S SPECIALTY GROUP, PLLC
FINANCIAL INTERVIEW FOR REDUCED FINANCIAL LIABILITY

Personal Information:

Patient's Name: _____

Print name of parent or other responsible party: _____

Mailing Address: _____

Telephone Numbers:

Cell () _____ Home () _____ Work () _____

Number of people in family (living in household): _____

Number of exemptions claimed on your tax return: _____

Health Insurance information:

Medical Insurance Yes No

Type of Insurance: _____ Policy / ID Number: _____

Please identify any other coverage:

Medicare _____ Medicaid _____ Other _____

Is the medical treatment because of an accident, on the job injury, or other third party injury? Yes No

Please describe the accident: _____

Employer's Name _____ and

Address _____

Income: All sources of household income must be verified and must be included with this application.

- Last year's Federal Income Tax Return or W2's or last two months Paystubs (**REQUIRED**)
- letters approving or denying Medicaid, medical assistance, other benefits (**REQUIRED**)
- letters approving or denying unemployment compensation; or
- written statements from employers or welfare agents; or
- Social Security/SSI (award letters)
- If you are claiming NO INCOME, you must provide a signed notarized letter indicating financial support.

Current Family Monthly Gross Income (before taxes are taken out): \$ _____

Will your family have a decrease in income, due to job loss, layoffs, reduced work hours or similar situations in the immediate future (within the next month)? Yes No

If yes please describe: _____

Has your family had an increase in income within the last 12 months or will they have an increase in income in the immediate future (within the next month)? Yes No

If yes please describe: _____

Have you recently suffered severe financial hardship or personal loss (for example, other medical expenses, loss of home due to fire)? Yes No

If yes please describe: _____

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I understand that the information I am giving will be subject to verification and can be reported to state and/or federal enforcement agencies and others as required by law. I certify that the above information is true and accurate to the best of my knowledge and that I am applying for Charity Care with Children's Specialty Group, PLLC.

Applicant's Signature _____ **Date:** _____

Please return this application with all documentation in the Self-addressed return envelope enclosed to:

**Children's Specialty Group, PLLC
PO BOX 11049
Norfolk, VA 23517
Phone: 757-668-7200
Fax: 757-668-9663
Email: CSG.Billing@chkd.org**



CHARITY CARE - FINANCIAL SUPPORT DOCUMENT

I understand that _____, may be receiving Charity Care/ Reduced financial liability from Children's Specialty Group, PLLC. I am either providing the applicant with food, shelter and/or financial support.

I, _____, and providing:

Check each that applies:

- Food and Shelter
- Financial Support for _____

The approximate amount of monthly financial support is: \$ _____

He / She has no means of support. I expect to provide this assistance until _____.

(Signature of Person Providing Support)

Date

(Printed name of Person Providing Support)

(Address and Phone Number of Person Providing Support)

NOTARY SECTION

Sworn to and subscribed before me in my presence this _____ day of _____, 20____,

A Virginia Notary Public, In and for the State At Large

Notary Public

My Commission Expires _____

Registration Number _____



SELF DECLARATION OF "NO INCOME"

I _____, certify that I have no income. I understand that "income" includes:

- Pay, wages, or salaries
- Unemployment benefits
- Social Security benefits
- Welfare Checks
- Disability, workers compensation or other payments for and injury or illness
- Retirement or pension benefits
- Alimony or Child Support Payments
- Insurance or Annuity payments to me
- Interest or dividends from savings accounts or investments
- Rental Income or other income from a business
- Income from royalties, patents, gambling, or lottery winnings

I understand that if I have any of these types of income, I must notify Children's Specialty Group, PLLC about them.

(Signature of self/parent/guardian)

(Printed name of self/parent/guardian)