



**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: \_\_\_\_\_

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**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 \_\_\_\_\_

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

- Last year's Federal Income Tax Return and W2's and 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)

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**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.

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(Signature of self/parent/guardian)

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(Printed name of self/parent/guardian)