

FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS



Thank you for choosing University Health (UH) for your healthcare needs.

UH accepts most commercial and government sponsored health insurance plans. If you have a question regarding coverage or to find out if UH accepts your health insurance, please visit www.universityhealthkc.org (Financial Assistance) or contact us at (816) 404-3040 for more information.

For those who do not have healthcare coverage, our Financial Counseling Center will assist you with determining potential eligibility for medical coverage assistance programs such as Medicare, MO HealthNet (Medicaid), the Crime Victims Compensation Fund or UH Financial Assistance.

Some of these programs require an application to be filed within the first 90 days from the date medical services were received, so please contact us as soon as possible.

In order to provide you with very good customer service and accurately assist with your eligibility, you are **REQUIRED** to provide the following information/forms/documents:

PLEASE NOTE: Exceptions may be made if you are currently homeless or receiving Food Stamps.

Name _____ Please return information by this date: _____
All verifications must be dated within the same 30 day timeframe.

Patient Identification

Your identification must include your name, photo and date of birth. Please provide one of the following:

- Driver's License
- Passport
- Student Identification Card, Birth Certificate or Insurance Card, if 17 years or younger
- Employment Authorization Card
- Permanent Resident Card
- Employee Identification Card

Proof of Residence

Patients must provide proof of their residence. **If you currently reside in a local shelter, you must provide a current letter on the shelter's letterhead verifying you currently reside there.** Acceptable forms include:*

- Utility Bill (gas, electric, water only with a statement date within 30 days)
- Current Lease Agreement
- Mortgage Bill or Real Estate Deed

If you have no proof of address, you may provide a notarized letter of support from the person you are living with along with a copy of their utility bill to show that address.

*We apologize, but your UH bill, University Physicians Associates bill, rent payment receipt, advertisement or junk mail, driver's license and personal letters are not acceptable forms of proof of residence.

Current Filed Federal Tax Return (REQUIRED)-We may ask for up to 2 years of tax returns

You can contact the IRS at 1-844-545-5640

- Schedule C, if self-employed
- If self-prepared, a transcript from the IRS is needed
- If you did not file taxes last year, please provide a Wage and Income Transcript from the IRS

Household Income

You will need to provide proof of all household income, earned or unearned, as well as any assistance through other programs you may receive. This information includes, but is not limited to:

- | | |
|---|---|
| <input type="checkbox"/> Paystubs -We may ask for 12 months | <input type="checkbox"/> Workman's Compensation |
| <input type="checkbox"/> Current Social Security award letter | <input type="checkbox"/> TANF award letter |
| <input type="checkbox"/> Pension/Retirement award letter | <input type="checkbox"/> Section 8/Utility Assistance |
| <input type="checkbox"/> Unemployment Benefits award letter | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Student Financial Aid, Loans and/or Grants |
| <input type="checkbox"/> Veteran's Administration Benefits | <input type="checkbox"/> Self-employment income (previous year's tax return, including Schedule C |

- If you do not have an income, you are required to provide a notarized statement from the person who is helping you at this time.
- Other _____

Other Requirements (varies by program) - Additional information may be required, including:

- | | |
|--|--|
| <input type="checkbox"/> Social Security Cards | <input type="checkbox"/> Marriage License |
| <input type="checkbox"/> Certified Copy of Birth Certificate | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> U.S. Citizenship Certificate | <input type="checkbox"/> Proof of Separation |
| <input type="checkbox"/> Proof of Medical Insurance | <input type="checkbox"/> Amended tax return |
| <input type="checkbox"/> Other _____ | |

MO HealthNet for Pregnant Women.

If you are pregnant, you may be eligible for this program. Proof of Pregnancy, photo ID and a signed "Due Date" Statement is required.

Have you been a Victim of a Crime in Missouri and filed a police report?

Please visit <http://www.dps.mo.gov/dir/programs/cvc/> for more information on eligibility.

To apply for Medical Assistance Programs, please visit the Financial Counseling Center at:

UH Truman Medical Center

2301 Holmes
Kansas City, MO 64108
Monday-Friday 7am – 4:30 pm
(Subject to change)

UH Lakewood Medical Center

7900 Lee's Summit Road
Kansas City, MO 64139
Monday-Friday 7am – 4:30 pm
By Appointment (Limited Walk-ins Available)

University Health 1

2101 Charlotte St
Kansas City, MO 64108
Monday-Friday 7am – 4:30 pm
By Appointment (Limited Walk-ins)

Or visit our website at <http://www.universityhealthkc.org/patients-visitors/financial-services/financial-counseling> to apply online.

If you need to return requested information:

- You may return it to any of the locations above
- You may also utilize drop boxes located just inside of the main entrance of the UH Truman Medical Center and in the registration area inside the Bess Truman Family Medicine Center Entrance at UH Lakewood Medical Center
- You may fax it to (816) 404-4065
- If you are signed up for myTruHealth, you can attach your information in a message to Financial Assistance
 - If you are not signed up for myTruHealth, you can do so at www.universityhealthkc.org/visitors-patients/my-truhealth

Additional information may be required.

Financial Customer Service is available at (816) 404-3040 for any questions you may have.