

Children's Wisconsin

Financial Assistance Application

Children's Wisconsin offers Financial Assistance to patients whose primary residence is in Wisconsin. Children's Wisconsin expects patients to use all other available resources before Financial Assistance may be considered. Financial Assistance may be applied to all or part of billed charges. This may include co-payments, co-insurance and deductibles. Financial Assistance will not be considered for elective services. Please complete this application in its entirety, do not leave any fields blank.

Please return the completed application and all supporting documentation within ten days to:
financialassistance@childrenswi.org or

Children's Wisconsin
Patient Financial Service- MS 934
PO Box 1997
Milwaukee, WI 53201

Copies of the following documents are required and must be submitted with your application:

***Most recent federal tax return** *** Two recent paycheck stubs** ***Verification of any other income**

Children's Wisconsin will share the completed application with the Children's Specialty Group. Children's Wisconsin and the Children's Specialty Group are separate entities; however decisions on Financial Assistance are made jointly.

I certify that the following information is complete and accurate. I hereby authorize Children's Wisconsin and Children's Specialty Group to release any information necessary for verification of statements made in this application. This consent shall expire six (6) months from the date hereof. This consent is provided pursuant to Section 146.81, WI Statutes. Children's Wisconsin and Children's Specialty Group reserve the right to deny any application if it is determined the information has been falsified, is incomplete, or for failure to apply or comply with other applicable assistance programs.

Printed Name: _____

Signature: _____

Patient(s) Name: _____

Date(s) of Birth: _____

Account Number: _____

Number of Dependents: _____

Mother	Father
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Employer:	Employer:
Occupation:	Occupation:
Hourly Rate of Pay: \$	Hourly Rate of Pay: \$
Net Pay Per week/biweekly: \$	Net Pay Per week/biweekly: \$
Other Income: \$ Source:	Other Income: \$ Source:
Total Household Yearly Adjusted Gross Income: \$	Total Household Net Monthly Income: \$