

North Central Kansas Medical Center
155 West College Drive, Concordia, KS 66901
REQUEST FOR FINANCIAL ASSISTANCE

As provided by Federal law, I ask NCK Med to determine if I am eligible for help in paying for my hospital bill. I understand that I need to give certain information for this to be done. I also understand that these facts will be checked for accuracy by NCK Med or its agents. I understand that filling out this form does not guarantee that I will receive Financial Assistance. If I am not eligible for Financial Assistance, I understand that I am responsible for my hospital bill.

Name _____ Account _____

Address _____ County _____ Phone Number _____
Street City Zip

Employer Name _____ Employer Phone _____

Employer Address _____

Date of Birth _____ Physician Name _____

List Family Members Living With You:

Name Relationship Date of Birth

INCOME: PLEASE PROVIDE PHOTOCOPIES OF YOUR LAST TWO PAY STUBS AND LIST INCOME FOR FAMILY FROM:

	<u>Monthly</u>	<u>Annual</u>
Wages: Self	_____	_____
Spouse	_____	_____
Other	_____	_____
Farm or Self-Employment	_____	_____
Balance sheet needed for Self-Employed/Farmers		
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment Compensat	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Military Family Allotments	_____	_____
Pensions	_____	_____
Income from Dividends, Interest, Rent	_____	_____
Other	_____	_____

ADDITIONALLY, PLEASE PROVIDE COPIES OF YOUR LAST TWO BANK STATEMENTS & LAST YEAR'S TAX RETURN.
PLEASE PROVIDE COPIES OF YOUR DRIVER'S LICENSE OR OTHER FROM OF PICTURE ID

I CERTIFY THAT THE FAMILY SIZE AND INCOME INFORMATION SHOWN ABOVE IS CORRECT.

NAME (PRINT)

SIGNATURE

DATE

2024 POVERTY INCOME GUIDELINES

Size of Family	Federal Poverty Guidelines (FPG)		
1	\$15,060	\$22,590	\$30,120
2	\$20,440	\$30,660	\$40,880
3	\$25,820	\$38,730	\$51,640
4	\$31,200	\$46,800	\$62,400
5	\$36,580	\$54,870	\$73,160
6	\$41,960	\$62,940	\$83,920
7	\$47,430	\$71,145	\$94,860
8	\$52,720	\$79,080	\$105,440

Add \$5,380 for each additional person.
