



Financial Assistance Application Check List

- Driver's License or U.S. or foreign passport for proof of identity
- All forms are filled and signed by the patient 18 years of age or older, parent/legal guardian
- Most current last 3 pay stubs for wages
- Court documentation for Alimony, child support
- Public Assistance approved letter with indicating amount receiving
- Social Security approved letter indicating amount receiving
- Pension documentation
- Catastrophic event documentation
- Letter from employer if loss of wages
- Notarized letter for self-employment Earnings

****Please check the documentation you will be providing Pediatric Associates, *ONLY COPIES OF DOCUMENTATION NEEDED.***

Printed Name

x

Signature

Please Note: Any information you provide to Pediatric Associates related to immigration status will be used **only** to find any special programs that may help you pay for your care. In addition, all other information provided on your application will be handled in accordance with HIPAA Privacy Standards.