Arkansas Children's (ACH and ACNW)
Financial Assistance & Need-Based Discount Application

Arkansas Children's offers a financial assistance program and need-based discounts for patients not eligible for any other assistance programs including, but not limited to, Medicaid. If it is determined that possible eligibility exists for other programs, in addition to cooperation in speaking with a financial counselor, completing and providing any necessary documentation needed to determine such eligibility is required. All services for Arkansas residents, that are medically necessary, are eligible for financial assistance discounts. Cosmetic services are not eligible. Services and supplies that are provided by a third party vendor and billed thru an ACH provider, are not eligible for. Only emergency services for non-residents are eligible. Services for international patients are not eligible under this policy. If you have questions or need help completing this application, please call the ACH Financial Counseling at 501-364-1230, toll free 1-800-280-1230 or ACNW Financial Counseling at 479-725-6800, toll free

This application, the financial assistance policy, and income limits can be found on the AC Website at: https://www.archildrens.org/patients-and-visitors/billing-and-insurance/financial-assistance/financial-assistance-program

Patient Name
_____DOB_____

Patient Insurance information:
_____

Guarantor
Address_____City_____State_____Zip_____
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HOUSEHOLD MEMBERS/INCOME INFORMATION

Please provide the following information for all of the people in your immediate family who live in your home.

Household	Name	DOB	Relationship to Patient	Monthly Gross Income from all sources
Guarantor				
Other				
Child 1				
Child 2				
Child 3				
Child 4				

If additional space is needed, please provide on separate page.

You MUST provide income verification. If providing both 1 month of current income and the prior year tax return, the lower of the 2 will be used to determine discount. Please check mark the type of income verification you are providing:

[ ] Copies of 1 month of most current pay stubs.
[ ] Letter from employer stating gross income for the past 30 days.
[ ] Prior year's Income Tax Return.
[ ] Statement, if you report $0 income, please attach a brief explanation of how you are financially maintaining

ADULT PATIENTS LIVING WITH PARENTS: If you are 19 years of age or older and live with your parents, your parents MUST provide a copy of their federal income tax return to verify if you were claimed as dependent. Parent's income may be used.

STATEMENT OF NON-DISCRIMINATION

Arkansas Children's Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

By my signature below, I certify that everything that I have stated on this application and on my attachments is true.

_____ _____

Applicant's signature Date

Please return the completed and signed form and the required information to:
***Arkansas Children's, P.O. Box 34114 –Slot 100, Little Rock, AR 72203*.**
Arkansas Children's Northwest (ACNW), Attn: Financial Counseling, 2601 Gene George Blfd, Springdale, AR 72762