Financial Assistance Application

Children's Healthcare of Atlanta provides financial assistance to help guarantors pay for children's medical bills. To apply for a discount on medical services that have already been provided by Children's Healthcare of Atlanta, please supply all the information requested on the attached form.

Proof of income is required to consider any Financial Assistance application. Proof of income includes the following:

- The guarantor's most recent IRS 1040 tax return and copies of the W-2 forms submitted as support
- The two most recent pay stubs for all employed members of the household

If we do not receive a completed Financial Assistance Application and all proofs of income, we will not be able to provide any type of Financial Assistance discount and the application will be closed.

Residents of Georgia may qualify for funds provided by the Georgia Indigent Care Trust Fund (Trust Fund), as well as other funding sources. A person is a resident if he or she has entered the state with a job commitment or is actively seeking employment and not receiving assistance from another state.

Eligibility for Financial Assistance will be determined within 90 days of receipt of a complete Financial Assistance Application and proof of income. A guarantor's accounts will be put on hold pending the determination of eligibility for Financial Assistance. Completion of the application is not a guarantee of financial assistance from any source.

If additional medical services occur after your application is submitted, please notify us so we can determine if the services provided qualify for a Financial Assistance discount and whether the guarantor will need to complete another application and provide any additional supporting documentation.

If you have any questions regarding Children's financial assistance, please call us at (404) 785-5515, Monday through Friday, 8:30am - 4:00pm. Information is also available on-line at www.choa.org.

The completed application and supporting documentation can be e-mailed to:

financialassistanceapplications@choa.org

Completed application may also be mailed to:

Financial Resource Coordinator
Children's Healthcare of Atlanta
1575 Northeast Expressway
Atlanta, GA 30329

Financial Assistance Application

Guarantor Number	

Patient Name(s)	Date of Birth	Medical Record Number	Most Recent Date of Service

	Applicant	Spouse or Co-Applicant
Title		
Name		
Street Address		
City, State ZIP		
Marital Status		
Home Phone		
Mobile Phone		
Number of Children		

Employment

Employer		
Employer Street Address		
Employer City, State ZIP		
Position/Title		
Business Phone		
Years with Employer		

Income

Wages *(including salary, bonuses, tips and self-employment income)*		Annually		Annually

Other Income per Month

Interest, dividends, royalty income		
Social Security, SSI		
Disability		
Rental Income		
Unemployment		
Child Support		
Alimony		
Public Assistance		
Retirement income, trusts, pension payments		
Other		

Health Coverages Available for Payment

Please list all health insurance plans available for family members

Insurance Plan	Enrolled Member	Insurance ID	Group ID

Are any of the following a source of payment for Children's Healthcare of Atlanta services?

	Plan Name	Do Not Have
Health share plans/ministries		☐
Short-term health insurance		☐
Limited-liability health insurance		☐

Consent and Agreement

I confirm that the information in this application is correct and complete and give Children's Healthcare of Atlanta has my permission to verify. I understand that if Children's Healthcare of Atlanta finds any of this information to be intentionally false, I will not be eligible for financial assistance and will be responsible for all charges.

I understand that I must disclose any payments received for Children's Healthcare of Atlanta services from health insurance or other coverages to Children's Healthcare of Atlanta and those payments may reduce discounts for outstanding balances. Failure to provide this payment information may void eligibility for discounts for past and future services provided.

	Applicant	Spouse or Co-Applicant
Signature		
Date		

Children's Healthcare of Atlanta

Maximum Household Income Qualifying for Children's Finanical Assistance Discounts

	PeachCare for Kids	Children's 2023 Financial Assistance Discount		
Family Size	Children up to 19 years	100% Discount	75% Discount	50% Discount
1	36,013	58,320	72,900	87,480
2	48,708	78,880	98,600	118,320
3	61,404	99,440	124,300	149,160
4	74,100	120,000	150,000	180,000
5	86,796	140,560	175,700	210,840
6	99,492	161,120	201,400	241,680
7	112,187	181,680	227,100	272,520
8	124,883	202,240	252,800	303,360
9	130,023	222,800	278,500	334,200
10	135,163	243,360	304,200	365,040