

Ali`i Health Center Financial Hardship Application

It is the policy of Ali`i Health Center (AHC) that patients experiencing financial hardship may apply for a discount or waiver of the patient's financial responsibility (i.e., copayment, coinsurance, and/or deductible). A discount or waiver shall be based on an individual assessment of the patients' financial circumstances. The Financial Hardship Program is designed to provide free or discounted care to those who have no means, or limited means to pay for their medical care.

Please complete the following information to determine eligibility. Submit the completed form to clinic receptionist or AHC Administration office.

Applicant Information

Last Name _____ First Name _____ MI _____

Mailing Address _____

Resident Address _____

Phone _____ Email _____

Please list all household members, including those under age 18.

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.