National Kidney Foundation™
of Arizona

Patient Financial Profile

CONFIDENTIAL

Patient's Name *

First Name Last Name

Patient Date of Birth

Month Day Year

Phone Number

Area Code Phone Number

Date of Transplant

Month Day Year

Date of First Dialysis Treatment

Month Day Year

Insurance Information

- ☐ Private Insurance
- ☐ AHCCCS.
- ☐ Medicare
- ☐ VA Coverage
- ☐ No Coverage

Insurance Carrier Name

Insurance Expiration Date

Month Day Year

Treatment Facility

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

How long at current address?

Home is:

- ◯ Rented
- ◯ Owned

Name and address of Landlord (rented) or Leinholder (own)

Marital Status

Number of Dependents

Household is less than 400% Federal Poverty Level (see chart below)

- ◯ Yes
- ◯ No

Household size (number living there) / 400% Federal Poverty Guidelines

1	2	3	4	5	6	7	8
$47,520	$64,080	$80,640	$97,200	$113,760	$130,320	$146,920	$163,560

Demographic information is often required to obtain grant funding for patient programs.

This is optional, but greatly appreciated.

Patient Ethnicity (Please choose one)

Is patient of Hispanic descent? (Please choose one)

Patient is an enrolled member of the following tribal community, village, reservation or nation:

Please select all that apply

Date

Month Day Year

Unit Representative Name

First Name Last Name

Position

Date

Month Day Year

Submit

National Kidney Foundation™
of Arizona

Dental Care Application

Date

Month Day Year

Treatment Facility

Patient Name

First Name Last Name

Date of Birth

Month Day Year

Is a current Patient Financial Profile on file

- ◯ Yes
- ◯ No

Does the patient have AHCCCS or ALTCS health insurance?

- ◯ Yes
- ◯ No

Does the patient have dental insurance of any kind?

- ◯ Yes
- ◯ No

Statement of Financial Need

Social Worker Name

First Name Last Name

Statement of Need for Dental Care - Patient is preparing for transplant?

If No, please attach a letter from the renal dietician or the patient's nephrologist that documents how the need for dental care is compromising the patient's health

If Yes, identify Transplant Center

Transplant candidates in need of dental clearance are encouraged to complete all other testing before applying unless they have oral pain or infection.

Has all other testing been completed to clear patient for transplant?

If no, does the patient have oral pain or infection?

Nephrologist Name

Submit