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

INFORMATION REQUIRED TO DOCUMENT THE USE OF FUNDS ALLOCATED FOR KIDNEY PATIENT PRESCRIPTIONS

NKF AZ Medications Program is mandatory generic. Brand name medications will not be covered when there is a generic available.

Patient Name

First Name   Last Name

Date of Birth

Month   Day   Year

Patient Security Number

Referred by(Treatment Center Staff)

First Name   Last Name

Treatment Facility

Current Patient Financial Form on file with NKF AZ?

Yes

No

Submiting with this form

Date of Transplant

Month   Day   Year

Other Resources

	Applied	Pending	Accepted	Denied
Secondary Ins				
AHCCCS				

Date Applied for other resources

Month   Day   Year

Pharmacy Preference