

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

The Peter and Bruce Bidstrup Scholarship Fund Application Form

This is application is for:

Patient Name

First Name Last Name

Date



Month Day Year

Age

Patient Phone Number

Area Code Phone Number

Work Phone Number

Area Code Phone Number

Present Employer

Current Treatment Status:

Name of Physician

Name of Social Worker

Treatment Facility

Marital Status:

Education Level Completed

Career Objective

Anticipated academic major

Name of institution

Semester for which assistance is sought

Registration date



Month Day Year

List of anticipated classes

Amount of financial assistance requested:

Tuition:

Books and supplies:

Other:

Total amount requested:

Date funds are requested:

Because the National Kidney Foundation of Arizona is the last resort for tuition assistance, what other agencies have you applied to for assistance?

Do you qualify for vocational rehabilitation?

If Yes, what type of assistance are you receiving now?

Reasons you believe financial assistance should be granted?

For a scholarship interview, I would be available on:

Scholarships are based on financial need. Scholarships are awarded as funds become available and must be applied for on a semester-by-semester basis. If the scholarship is an application for continued assistance, please provide the National Kidney Foundation of Arizona with a copy of your grades for the past semester you have just completed. We also ask you to sign a Waiver of Confidentiality concerning financial records as they relate to educational costs, payments and academic records as they relate to the courses taken and grades earned.

The Peter and Bruce Bidstrup Scholarship Fund Waiver of Confidentiality

In consideration of my application to the National Kidney Foundation of Arizona, for a scholarship I, the undersigned scholarship applicant, grant full permission to

Name of School

to provide the following information to the National Kidney Foundation of Arizona:

- Financial records as they relate to educational costs and payments.
- Academic records as they relate to the courses taken and grades earned.

Scholarship Applicant Name

First Name Last Name

Witness Name

First Name Last Name

Date



Month Day Year