

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

#5

Month Day Year

Insurance Information

Private Insurance

AHCCCS.

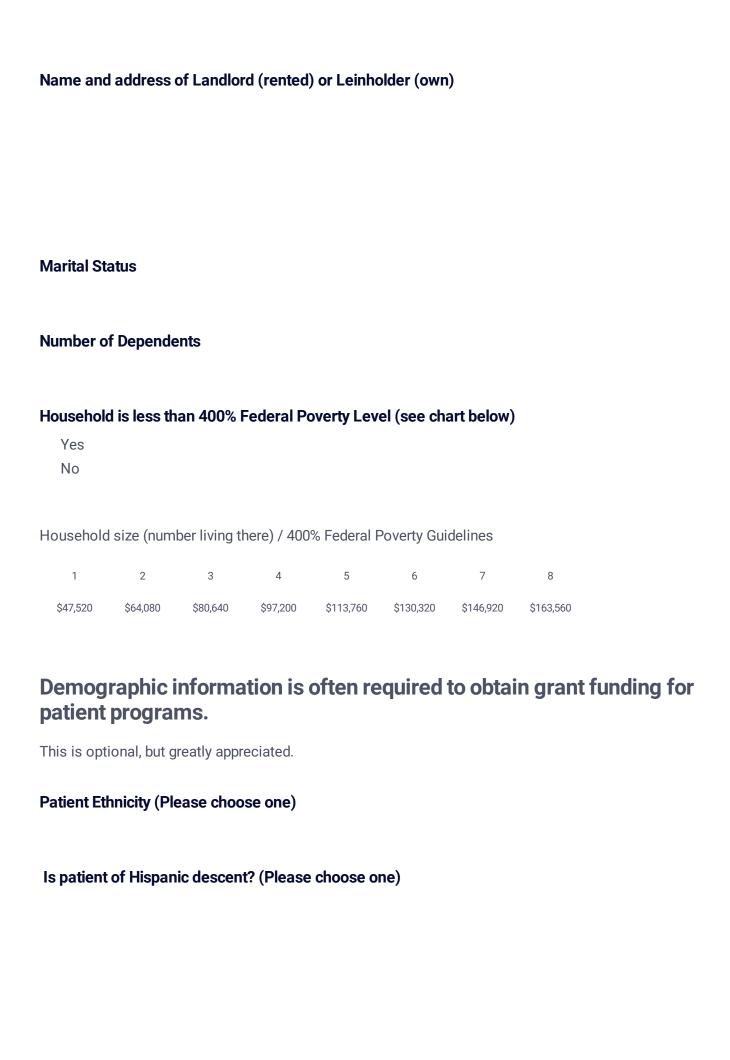
Medicare

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?					
Hama ia					
Home is:					
Rented					
Owned					



Please select all that apply Date Month Day Year Unit Representative Name First Name Last Name Position

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

-

Year

Date

Month Day



Transportation assistance application form

Transportation Assistance Requested

Date o	f Reque	est	W.T.
Month	Day	Year	
Patien	t Name	!	

Current Patient Financial Profile:

Last Name

On File (Must be dated within 6 months of request) New, being submitted with this request

Social Worker Name

First Name

Description of Financial Need:



Description of Travel Need:
Transportation Provider
Miles
Trip Date
Month Day Year
Trip Cost
Trip Description
Trip Origin
Trip Destination





Car Payment/ Repair Assistance Consent

Applicant Name					
First Name Last Name					
Loan or Repair Company					
Loan Number					
Company Phone #					
Area Code Phone Number					
Referred by (Treatment Center Staff)					
Facility Name					
Total amount of bill					
Amount of request from NKF AZ					



I certify that I am financially unable to pay my car payment/ repair bill, that I have exhausted all other sources of help with the attached bill, and that the above information is true and correct to the best of my knowledge.

I hereby consent to and authorize the National Kidney Foundation of Arizona to access any information from the loan/ repair company concerning my payment history, delinquencies, outstanding amounts owed, required deposits, and other related information, and to use such information only in connection with this application for assistance.

Date			THE STATE OF THE S				
Month	Day	Year					
Relationship to applicant							
Date			THE STATE OF THE S				
Month	Day	Vear					