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