



Account number:

Date:

Name of patient:

Date service was given:

Total gross charges:

In order for us to consider your account for financial assistance, you must complete, sign and return the Application for Uncompensated Care. Please include all documents as requested on the application and include a copy of your ID and social security card as well.

We will need to see:

- Bank statements for the past 3 months
- Copy of last three months' pay stubs
- Copy of last years' tax return
- Rental receipt or proof of monthly mortgage payment
- Copy of any government Benefits being received

If you are unemployed and have no source of income, please send us a detailed letter from the person who is providing you with free room and board (they will not be responsible for your bills).

Your Application for Uncompensated Care will not be evaluated if the requested information is not provided or not thoroughly completed.

If you have any questions regarding this application, please do not hesitate to contact us at (800) 404-6627. We are available to assist you Mondays through Fridays from 8:00 AM to 5:00 PM.

Sincerely,

Administrative Office

Return your completed application and attachments to:

Children's Hospital Los Angeles
Patient Business Services
4650 Sunset Blvd, MS #26
Los Angeles, CA 90027