



KEARNEY COUNTY HEALTH SERVICES

To our Patients and Families:

Kearney County Health Services strives to be economically sensitive to the needs of our patients by offering financial assistance to our patients who ask for assistance and meet the criteria for financial aid.

Enclosed you will find a Financial Assistance application. Please complete the application and provide the required documentation found below. If you would like assistance in filing out the application, please contact us at 308-832-3400 to set up an appointment. If you choose not to provide the information requested, your application for financial assistance will be voided and you will be expected to contact our Business Office and make payment arrangements.

Below are the documents we will **require** from you to review and make a determination in response to your request from financial assistance. **If all the requested documents are not provided the application will be denied.**

- Complete Insurance information, if applicable
 - Health Insurance
 - Liability Accident
 - Workers Compensation
- Denial from Medicaid, if applicable
- Complete copy of previous year's tax return
- Copy of checking and savings detailed account statements for the past three months.
- Proof of **All** income coming into the household (3 months check stubs or notarized statement from employer)
- Copies of outstanding medical bills other than from KCHS that increases your financial hardship.

Please return the completed application with all required documentation to:

Kearney County Health Services
ATTN: Business Office
727 East 1st Street
Minden, NE 68959

If you are approved for Financial Assistance we will consider charges from previous 4 months. Financial Assistance cannot be applied for again until three months have lapsed.

Thank you for providing this important information to enable us to consider you for the KCHS Financial Assistance Program. If you have any questions or concerns please call us at 308-832-3400 and we will be happy to assist you.



W: 308.832.3400
F: 308.832.3417



www.kchs.org



727 East First Street
Minden, NE 68959



KEARNEY COUNTY
HEALTH SERVICES

Financial Assistance Application

Personal Information:

Date: _____
Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth: ___/___/___
Marital Status: Single Married Divorced Widowed
Address: _____
Telephone Number: _____
Social Security Number: _____
Are you a U.S. citizen: Yes No

Employment History:

Name of Employer: _____
Address: _____
Telephone Number: _____

Family Details:

Spouse Name: _____
Social Security Number: _____
Date of Birth: ___/___/___
Employer: _____
Employer Address: _____
Employer Phone: _____
Number of Children living at home (0-19): _____
Number of dependents other than children: _____



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Income and Expenses

Is anyone in the home disabled: Yes No

Do they receive disability income: Yes No

Name	Age	Income Amount
_____	_____	_____
_____	_____	_____

Have you applied for assistance here before: Yes No

When: _____

Name of Insurance Coverage: _____

Have you applied for state Assistance: Yes No

Date of Application: ___/___/___

Are you a full time student: Yes No

Grants or Financial Assistance amount: _____

Do you have workers compensation claim or liability claim not settled: Yes No

Gross Income:

	Bi-weekly	Monthly
Wages (self)	_____	_____
Wages (Spouse)	_____	_____
Social Security	_____	_____
Child Support	_____	_____
Other	_____	_____

If none, how are your housing, food, and transportation expenses met:



**KEARNEY COUNTY
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Monthly Expenses:

Rent/Mortgage: _____

Utilities: _____

Telephone: _____

Auto Loan: _____

Insurance: _____

Daycare: _____

Food: _____

Medical Insurance: _____

Cell Phone: _____

Cable: _____

Internet: _____

Other Expense (Explain):

If no mortgage or rent, provide source of housing: _____

Bank Information

Bank Name: _____

Savings Checking Amount: _____

Bank Name: _____

Savings Checking Amount: _____



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HEALTH SERVICES**

Property Details

Do you own a home: Yes No

Estimated Value: _____

Amount Owed: _____

Do you own land or other property: Yes No

Estimated Value: _____

Amount Owed: _____

Do you own a boat: Yes No

Description: _____

Do you own a recreational vehicle: Yes No

Description: _____

Do you own any vehicles: Yes No

Model/Make/Year _____ Model/Make/Year _____

Value _____ Value _____

Balance Owed _____ Balance Owed _____

Please List any information you feel will be necessary for us to consider when reviewing:

