Kaiser Permanente Financial Counseling Assistance

If your Kaiser Permanente bill creates a financial hardship, you may be eligible for help.
Financial counseling

Kaiser Permanente’s mission is to improve the health of our patients and the communities we serve. If your medical bills are a financial barrier to medically necessary care, our financial counselors can help you apply for federal, state, and local assistance, including:

Federal

- **Medicare** is a Social Security Administration program that reimburses hospitals and physicians who treat qualifying people 65 years and older, as well as certain disabled people under 65.

- **Medicare Extra Help** is a prescription drug support program for low income Medicare Part D recipients.

State/Local

- **Medicaid**, jointly funded by states and the federal government, reimburses hospitals and physicians who treat qualifying people who cannot pay their medical expenses.

- **Victims of Crime** is a state-funded program (Oregon and Washington) that reimburses hospitals and physicians for treating qualifying people who have been the victim of a crime.

To request counseling

Please call Membership Services, 8 a.m. to 6 p.m., Monday through Friday:

- All areas ................. 1-800-813-2000
- TTY ........................................... 711

Language interpretation services ............... 1-800-324-8010

You will be directed to a financial counselor via telephone or in person at a clinic location near you.
Kaiser Permanente Medical Financial Assistance (MFA)

MFA is a temporary assistance program for insured, uninsured, and low income patients (regardless of health plan membership) who qualify under specific criteria.

MFA is not health insurance. You must apply for all other public and/or private assistance before being considered for MFA.

Under the MFA program:

- Uninsured and insured patients whose income is below 301% of the federal poverty guideline (FPG) will be granted a full financial award.
- Uninsured patients whose income is between 301% and 350% of FPG will be granted a MFA award if supporting documents are submitted and validated.
- At any income level, a full financial award may be granted due to special circumstances.

What does MFA cover?

- Care and goods that are part of your health plan benefits may be covered. Items that are not covered by your health plan generally may not be eligible for financial assistance.
- You must pay for items or services that do not qualify. This includes over-the-counter items, cosmetic services, certain durable medical equipment, or other items or services.
- Copies of other documents to verify income, such as letters from Social Security, disability, or unemployment agencies, or proof of alimony/child support payments; or
- If you have no income, a letter of support that explains your means of living; and
- Any other documentation that may be requested.

Applications are processed in the order received and may take up to 30 business days to process.

Please mail or fax your signed, completed application to:

ATTENTION: Financial Counseling
Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah Street, Suite 100
Portland, OR 97232-9807
or fax to: 503-813-2282

If you are approved, we will send you a full explanation of your award. The award depends on your income level and/or your medical expenses. This can apply to your out-of-pocket cost for copayments, deductibles and prescriptions.

What do you need to do to apply?

What happens next?

We will notify you by mail if additional documentation is required. This may include:

- Copy of a current pay stub with year-to-date (YTD) income included. If YTD income is not listed, then copies of your two most recent, consecutive pay stubs; or
- Copy of your most recent federal tax return, with electronic submission verification or your signature (include all pages and schedules); or
- Care and goods that are part of your health plan benefits may be covered. Items that are not covered by your health plan generally may not be eligible for financial assistance.

If you have exhausted your MFA award for the current 12 month period and/or your income exceeds guidelines, you may be eligible for a Special Circumstance award based on high medical expenses. To be eligible, your annual household medical expenses must meet or exceed 10% of your annual gross household income in a rolling 12 month period. (Medical expenses include out-of-pocket costs for monthly health insurance premiums, Medicare B premiums, unpaid medical bills, paid medical bills, and prescription costs.)
**Kaiser Foundation Health Plan of the Northwest Financial Assistance Form**

**LAST NAME, FIRST, MI**  
**HEALTH RECORD NUMBER**  
**BIRTH DATE**  
**ADDRESS, CITY, STATE, ZIP**  
**TELEPHONE**  
**EMPLOYER**

**SPOUSE/GUARDIAN LAST NAME, FIRST, MI**  
**HEALTH RECORD NUMBER**  
**BIRTH DATE**  
**ADDRESS, CITY, STATE, ZIP**  
**TELEPHONE**  
**EMPLOYER**

### MONTHLY GROSS FAMILY INCOME (List ALL income from family members in the household)

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount ($)</th>
<th>Family Members</th>
<th>Do you have any other medical insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALARIES</strong></td>
<td></td>
<td>Number of family members in the household:</td>
<td>Do you have any other medical insurance?</td>
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<tr>
<td>Applicant</td>
<td></td>
<td>(Family members = Patient, Spouse/Qualified Domestic Partner, Persons related by birth or adoption.)</td>
<td>If yes, with whom:</td>
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<tr>
<td>Spouse</td>
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<td>❑ Yes ❑ No</td>
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<tr>
<td>Children</td>
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<td></td>
<td>Insurance company name:</td>
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<td>Other</td>
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<td><strong>PENSIONS</strong></td>
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<td>Are you applying for a Special Circumstance based on medical expenses 10% or more of your annual gross household income?</td>
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<tr>
<td>Applicant</td>
<td></td>
<td>❑ Yes ❑ No</td>
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<tr>
<td>Spouse</td>
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<td>subscriber ID# -</td>
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<td>Other</td>
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<td><strong>SOCIAL SECURITY</strong></td>
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<td>Who in the household is applying for MFA?</td>
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<tr>
<td>Applicant</td>
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<td>Name and health record number:</td>
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<td>Spouse</td>
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<td><strong>CHILD SUPPORT/ALIMONY</strong></td>
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<td><strong>UNEMPLOYMENT</strong></td>
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<td>Applicant</td>
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<td>Other</td>
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<td><strong>OTHER INCOME</strong></td>
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<td>Applicant</td>
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<td>Other</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
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I certify that the information on this form is correct. Upon request, I will furnish Kaiser Permanente any necessary documentation to confirm this information. This documentation may include proof of income, proof of assets, or both. I consent to Kaiser Foundation Health Plan of the Northwest and Kaiser Foundation Hospitals (Kaiser Permanente) obtaining information from consumer credit reporting agencies and other third party information sources for the purpose of determining eligibility for federal, state, and private medical programs also to the extent some or all of the charges expected to be incurred for the medical services exceed the amount expected to be covered by any such programs, to make a determination as to eligibility for a deferred payment program. I further understand that there are circumstances, such as billing account review and/or collections, for which Kaiser Foundation Health Plan and/or Northwest Permanente Medical Group do not need a patient's consent to perform a credit inquiry.

**SIGNATURE OF APPLICANT/GUARDIAN**  
**DATE**

**SIGNATURE OF APPLICANT/GUARDIAN**  
**DATE**

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