

# Authorization for Release and Review of Financial Information

TO: KIDNEY FOUNDATION OF NORTHWEST OHIO

The undersigned, individually, and jointly if applicable, hereby grant permission to the Kidney Foundation of Northwest Ohio (hereinafter Foundation) and/or Chapter and their Patient Review Committees, to review my/our financial information which has been submitted with my/our application for financial assistance under the Foundation's and/or Chapter's renal patient assistance program.

I/We certify that the financial information which is provided herewith has been carefully reviewed by me/us and is true and correct, the undersigned acknowledging that the information is submitted in connection with the application for assistance and with the intention that the Foundation and/or Chapter may rely upon such information as submitted in determining the request for patient assistance. I/We agree that in the event any material change shall occur in the report of financial condition provided herewith, I/we shall immediately and without delay notify the Foundation and/or Chapter of such change.

The financial information which has been provided may be released by the Foundation and/or Chapter in connection with my/our application for assistance to individuals, both professional and staff, working in the renal healthcare area as the Foundation and/or Chapter deem appropriate, reasonable and necessary in evaluating my/our application for assistance.

This authorization and consent to disclose financial information may be revoked by the undersigned at any time by the giving of written notice to that effect, except to the extent that any action shall have been taken in reliance upon the information which has been submitted.

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Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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Renal Social Workers Signature \_\_\_\_\_ Date \_\_\_\_\_



# Monthly Expenses - Form A

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

Nephrologist

Groceries

Rent/Mortgage \_\_\_\_\_ Balance on Mortgage

Real Estate Taxes \_\_\_\_\_

Heat - Gas/Oil/LP

Electric

Water & Sewage

Telephone \_\_\_\_\_

Car Payment \_\_\_\_\_ Balance on Car Payment

Gasoline \_\_\_\_\_ Car Type & Year

Other Transportation Costs \_\_\_\_\_

Installment Payments \_\_\_\_\_ Balance on Installment Payments

Credit Card Payments \_\_\_\_\_ Balance on Credit Cards

Education Expenses \_\_\_\_\_ Balance on Education Expenses

Medicare Insurance \_\_\_\_\_ Number of Students

Other Health Insurance

Home/Renters Insurance

Auto Insurance

Life Insurance

Physician Costs \_\_\_\_\_ Balance on Physician Costs

Hospital Costs \_\_\_\_\_ Balance on Hospital Costs \_\_\_\_\_

Dental Costs \_\_\_\_\_ Balance on Dental Costs

Medications \_\_\_\_\_

Medical Supplies \_\_\_\_\_

Other \_\_\_\_\_

*Total Household Expenses*

Comments

\*\*\*\*\* Incomplete applications will be returned to patients and delay the reviewing process.

# Other Financial Information - Form B

Last Name	First Name	Nephrologist
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Other Persons in Household	Age	Relationship
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## Spouse (Monthly)

## Other (Monthly)

Spouse's Current Employment

Other's Current Employment

Spouse's Past Employment

Other's Past Employment

Wages	Pension	Social Security	Wages	Pension	Social Security
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SSI	ADC	Food Stamps	SSI	ADC	Food Stamps
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Veteran's Administration	Other	Veteran's Administration	Other
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## Other (Monthly)

## Other (Monthly)

Spouse's Current Employment

Other's Current Employment

Spouse's Past Employment

Other's Past Employment

Wages	Pension	Social Security	Wages	Pension	Social Security
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SSI	ADC	Food Stamps	SSI	ADC	Food Stamps
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Veteran's Administration	Other	Veteran's Administration	Other
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