



Financial Assistance Application Instructions

Shodair Children's Hospital passionately dedicates itself to caring for our community, embracing everyone, regardless of their payment capabilities. Through our ShoCare Program we extend a helping hand to families facing financial challenges, aligning with our mission to heal, help, and inspire hope.

At Shodair, our compassionate approach is reflected in the clear definition of criteria for qualifying and accessing financial assistance through ShoCare, applicable to all levels of care provided. This policy ensures a fair and consistent review process for all services delivered by Shodair and its dedicated staff, including rendering providers. We understand the financial challenges you may face, and our commitment extends to offering assistance only after exploring all other reimbursement avenues, such as insurance, medical assistance, and third-party liability claims. Your well-being is our priority, and we strive to make quality care accessible to everyone.

Patients are eligible for ShoCare if their family income does not exceed 500 percent of the federal poverty level. Patients whose family income is higher than 500 percent of the federal poverty level may be eligible for a discount.

An email confirmation will be sent to the email listed on the application once the application is received. If an email is not provided, a confirmation text will be sent to the phone number listed on the application. The ShoCare application will be reviewed, and a final determination letter will be mailed within 14 business days. If additional documentation is needed, the patient/ guarantor will be notified by the financial counselor. An approved application will remain active for a period of one year. Services received during this time will qualify for approved discounts.

CONFIDENTIALITY: We are committed to maintaining the confidentiality of requests, information, and funding. The information requested below is for the sole purpose of financial assistance. We do not share information with any third parties, federal or local government agencies.

INSTRUCTIONS: To apply for ShoCare, please complete the application and attach copies of the following documentation for the patient, guarantor (if different from the patient) and all household members of the patient:

Please Note: Once you begin filling out the application, you will be required to upload all of the documents listed below. The application cannot be saved, so if you do not have these documents ready, you will need to start over.

- Driver's license or photo ID
- Tax returns, most recent W-2, unemployment statements, **or**
- Pay stubs from all employment (previous three months) **or**
- Statements of income drawn from assets (stocks, bonds, IRAs, mutual funds, etc.) **and**
- Bank statements from all bank accounts (previous three months)
- **IF** uninsured a verification of:
 - Submitted application to Medicaid OR
 - Denied coverage from Medicaid (denial must have been in the last 3 months)

If you have questions or need help completing this application: Our financial assistance policies, information about the program, and the application materials are available on our website or via phone. You may obtain help for any reason, including disability and language assistance. Translated written documents available upon request. Here's how to contact us: financialassistance@shodair.org or 406-444-1163 Monday-Friday 9:00 am to 5:00 pm.