KAISER PERMANENTE®

Medical Financial Assistance (MFA) Program

If you need help paying for health care services or prescriptions you have had, or are scheduled to receive, from Kaiser Permanente, our Medical Financial Assistance (MFA) program may be able to help you. You may apply by completing and submitting an application, including your household income information.

How the program works

- The program offers temporary "awards" to help qualified applicants pay for care based on their financial needs.
- It's available to all Kaiser Permanente patients, whether you're a member or not.
- If awarded, the program will cover emergent/urgent or medically necessary care from Kaiser Permanente providers or at Kaiser Permanente facilities for a specified time.
- The award does not apply to health care services provided and billed outside of Kaiser Permanente facilities.

How to qualify

To qualify, you must meet ONE of the following sets of criteria:

1. Your gross household income (income before taxes and deductions) is 300% or less of the federal poverty level.

OR

2. Your out-of-pocket health care costs for emergency or medically necessary care, dental care, and medication over a 12-month period are equal to or more than 10% of your gross household income.
    - Out-of-pocket costs include copays, coinsurance, and deductible payments.
    - Out-of-pocket costs do not include any payments for your health plan itself, like your monthly premium.

2025 Federal Poverty Guidelines (FPG)		
If your household/ family size is:	**100% award for gross monthly household income at or below 200% of FPG**	**50% award for gross monthly household income between 201% and 300% of FPG**
1	Up to $2,998	$2,999 to $4,498
2	Up to $4,053	$4,054 to $6,080
3	Up to $5,108	$5,109 to $7,663
4	Up to $6,163	$6,164 to $9,245
5	Up to $7,218	$7,219 to $10,828
6	Up to $8,273	$8,274 to $12,410

Visit aspe.hhs.gov/poverty to find the guidelines for larger households.

Have questions?

For more information about qualifying for the MFA program, or to see which health care services it pays for, visit kp.org/mfa, call **808-432-7940** or **808-598-5928**, (TTY **711**), or scan this code. Office hours are Monday through Friday, 8:30 a.m. to 5 p.m., HST.

For more information about health care coverage options, call us at **1-800-479-5764** (TTY **711**).

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How to apply

If you meet the eligibility requirements, you can apply in any of these ways.

Online	• Complete the MFA application online at kp.org/mfa by filling out the "Apply Online" form to receive a link to submit your application. • Be prepared to provide all the information listed on the MFA application on the next page.
Fax it	• Complete the MFA application on the following page. • Fax your completed application to **808-432-7950**.
Mail it	• Complete the MFA application on the following page. • Mail your completed application to: Kaiser Permanente Attention: MFA Program - Business Services 3288 Moanalua Road Honolulu, HI 96819-1469
Drop it off	• Complete the MFA application on the following page. • Drop off your completed application to any Kaiser Permanente facility.
Meet with a financial counselor	• Meet with a financial counselor at one of our designated facilities, Monday through Friday, 8:30 a.m. to 5 p.m. HST. • Be prepared to provide all the information listed on the MFA application on the next page.

Important: When applying online, by mail or fax, or dropping off your application in person, please be sure to fill out the application as much as you can. Missing information may delay the processing of your application and could result in a denial for assistance.

What to expect after you apply

After we review your completed application, we'll let you know one of the following outcomes within thirty (30) days of receipt:

- If your application is approved, you'll receive a letter notifying you of your financial award.
- If your application is incomplete, you'll receive a letter explaining the information needed to process your application. You can either mail or in-person drop off the requested information; this could include proof of income or copies of your out-of-pocket expenses.
- If your application is denied, you'll receive a letter notifying you why it was denied, in which case you can appeal our decision.

Need help?

If you have any questions or need help with your application or need to check the status of your application, please call **808-432-7940 or 1-800-598-5928** (TTY **711**), Monday through Friday, 8:30 a.m. to 5 p.m., HST. You can also talk to a financial counselor at one of our designated facilities.

Other beneficial programs and extra resources

We're here to support you however we can. If you need help with essentials like food, housing, paying for internet or other utilities, and more, the Kaiser Permanente Community Support Hub™ can help connect you to resources in your community. Call **1-800-443-6328** (TTY **711**), Monday through Friday between 8 a.m. and 5 p.m. or visit kp.org/socialhealth.

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Proof-of-income documentation

Income verification is part of determining eligibility for medical financial assistance. Including proof-of-income documentation with your completed application will assist in confirming the accuracy of your income during the review process.

Patients that choose to verify their financial status by providing financial documentation may provide their most recent pay stubs or income tax return for the current tax year as proof of income. Kaiser Permanente will also accept additional proof-of-income documentation. The table below lists the optional documents to submit according to your household income source(s).

Household Income Source(s)	Provide Only One of the Following per Income Source
Business/rental income	• Recent W-2s, 1099 statement(s) or tax return
Employment income/wages	• Two most recent pay stubs • Recent W-2s, 1099 statement(s) or tax return
Received pension/retirement/annuities income	• Two most recent pay stubs • Recent W-2s, 1099 statement(s) or tax return Examples of other options: • Pension/retirement disbursement statement
Self-employed income	• Two most recent pay stubs • Recent W-2s, 1099 statement(s) or tax return
Social Security/supplemental security income	Examples of other options: • Benefit verification letter from Social Security Administration • Social Security statement
Unemployment benefits/disability income	• Recent W-2s, 1099 statement(s) or tax return Examples of other options: • Unemployment/disability benefits verification letter
Veteran benefits income	• Recent W-2s, 1099 statement(s) or tax return Examples of other options: • VA benefits verification letter
Government assistance (e.g., Medicaid, TANF, SNAP, WIC, or low-income housing)	Examples of other options: • Approval of eligibility letter
Interest or dividends income	• Recent tax return
Spousal/child support payments received	Examples of other options: • A letter showing monthly gross income received for child support or alimony
No household income	Examples of other options: • Written attestation/explanation

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This is an application for medical financial assistance at a Kaiser Permanente facility.

Medical Financial Assistance (MFA) Program Application

Section 1: Patient Information

NAME | MEDICAL RECORD NUMBER (OPTIONAL)

DATE OF BIRTH | SOCIAL SECURITY NUMBER (OPTIONAL) ☐ I do not have a Social Security Number

MAILING ADDRESS (STREET)

CITY | STATE | ZIP CODE

Is patient currently unhoused? ☐ Yes ☐ No

PRIMARY PHONE NUMBER ☐ Home ☐ Mobile ☐ Work ☐ Other

Is the patient enrolled in a state-based assistance program such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Women, Infants & Children (WIC), low-income housing, or Medicaid? ☐ Yes ☐ No

Section 2: Household Information

Household size: Patient's family or household includes:

1. For persons 18 years of age and older - a spouse, domestic partner, and dependent children under 21 years of age, or any age if disabled, whether living at home or not. For persons 18 to 20 years of age, family members also include parent, caretaker relatives, and parents or caretaker relatives' other dependent children under 21 years of age or any age if disabled.
2. For persons under 18 years of age - a parent, caretaker relatives, and other children under 21 years of age or any age if disabled.

_____

Household income (monthly): Total gross income (income before taxes and deductions) for all household members over 18 years of age. Check ALL income types that apply:

- ☐ Business/rental income
- ☐ Social Security/supplemental security income
- ☐ Employment income/wages
- ☐ Unemployment benefits/disability income
- ☐ Veterans benefits income
- ☐ Spousal/child support payments received
- ☐ Interest or dividends income
- ☐ Received pension/retirement/annuities income
- ☐ Self-employed income
- ☐ No one in my household is earning or has received income in the past 2 months

If the annual gross income for all household members is zero, check the attestation box above and below, provide a written explanation as to how the adult family members in the household support yourselves without income, i.e., food, shelter, utilities, and other necessities.

$ _____

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Health care costs: Total out-of-pocket expenses you had over a 12-month period for emergency or medically necessary services provided by Kaiser Permanente or any other health care provider. May include copays, deposits, coinsurance, or deductible payments for eligible medical, pharmacy, or dental services.	$ _____

Please list all members of your household applying for Medical Financial Assistance.

Name	Date of birth	Relationship	Medical record #

Uninsured? Kaiser Permanente can help. If you do not have health care coverage, we can help you understand your options. Check this box if you would like Kaiser Permanente to contact you to discuss your options or you can call us at **1-800-479-5764** (TTY **711**) to obtain a quote.

☐ Yes, contact me

Section 3: Patient Agreement

When proof-of-income is not provided, Kaiser Foundation Health Plan and Hospitals (KFHP/H) will use information from consumer credit reporting agencies and other third-party information sources to determine eligibility for federal, state, and private medical programs, including the MFA Program.

☐ Check the box if you do not want KFHP/H to use information from consumer credit reporting agencies and other third-party information sources to determine eligibility for federal, state, and private medical programs, including the MFA Program ('opt-out'). If you choose to opt-out, you will be required to provide income documentation with your application to determine eligibility.

I hereby declare that all information set forth above in this application is true, accurate, and complete in all respects. I also acknowledge and agree that I am liable to KFHP/H for all amounts owing to KFHP/H for medical supplies and services that are not eligible under the program (the "Remaining Amounts").

SIGNATURE	DATE

Every reasonable effort will be made to process your application promptly and once your application has been reviewed you will receive a letter confirming the outcome.

NOTICE OF LANGUAGE ASSISTANCE SERVICES

English: If you need help in your language, language assistance is available at no cost to you, 24 hours a day, 7 days a week. Call our Member Service Contact Center at 1-800-464-4000 (TTY 711) for help or visit any registration desk for more information at any Kaiser Permanente facility, Monday through Friday, 8 a.m. to 5 p.m. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronical formats are also available.

Bisaya: Kon kinahanglan kag tabang diha sa imong pinulongan, available ang libreng tabang sa pinulongan, 24 oras kada adlaw, 7 ka adlaw kada semana. Tawag sa among Member Service Contact Center sa 1-800-464-4000 (TTY 711) para sa tabang o bisitaha ang bisan unsang registration desk para sa dugang impormasyon sa bisan unsang pasilidad sa Kaiser Permanente, Lunes hangtod Biyernes, 8 a.m. hangtod 5 p.m. Available pod ang mga tabang ug serbisyo para sa mga disable, sama sa mga dokumento diha sa braille, dagkong print, audio, ug uban pang ma-aacess nga electronic format.

Chinese：如果您需要使用您的语言获得帮助，我们每周 7 天、每天 24 小时免费提供语言帮助。请致电 1-800-464-4000 (TTY 711) 联络我们的会员服务联络中心以寻求帮助，或前往 Kaiser Permanente 的任何医疗机构的登记台了解更多信息，我们的服务时间为周一至周五上午 8 点至下午 5 点。我们还为残疾人提供辅助工具和服务，例如盲文、大字体、音频和其他无障碍电子格式的文档。

Chuukese: Ika pwe ka mochen aninis non eom fosun fonu, aninisin fosun fonu a kan kaworeno non esapw wor momon ngonuk, 24 awa ew ran, 7 ran ew wik. Kori achewe Memeber Service Contact Center non 1-800-464-4000 (TTY 711) ren aninis ika churi ekkena chepenin register ren chomongen poraus non ekkena Kaiser Permanente pioin, Sarinfan tori Animu, 8 a.m. tori 5 p.m. Aninis kena me pwan angangen aninis kena ren aramas fiti teririr kena, usun chok taropwe kena non braille, watten maak, teip, me pwan ekkoch maaken electronic kena ra atotongeni ra kan pwan kaworeno.

Hawaiian: Inā makemake paha ʻoe e kōkua ʻia mai maō kāu ʻōlelo makuahine, loaʻa nā kōkua ma nā ʻōlelo mākuahine ʻē aʻe a manuahi nō hoʻi nā kōkua iā ʻoe, 24 lā o ka lā, 7 lā o ka pule. E kelepona aku i ka mākou Kikowaena Kaʻaʻike Kōkua no nā Lālā ma 1-800-464-4000 (TTY 711) no ke kōkua ʻana ʻia mai a i ʻole e kipa aku i kekahi o ka mākou mau keʻena kōkua hoʻopaʻa inoa no nā manaʻo ʻē aʻe ma nā mea hana Kaiser Permanente a pau, mai ka Poʻakahi a Poʻalima, hola 8 a.m. a hola 5 p.m. Loaʻa pū nā kākoʻo a me nā kōkua no nā poʻe me nā kīnānā kino, e like me kekahi palapala kikokikona heluhelu manamanama lima, kekahi palapala i paʻi ʻia me nā huapalapala nūnui, kekahi kōkua i ʻoki leo ʻia, a me nā hulu launa uila ʻē aʻe kekahi.

Ilocano: No kasapulam ti tulong iti pagsasaom, magun-od ti tulong iti pagsasao nga awan ti bayadam, 24 nga oras iti inaldaw, 7 nga aldaw iti makalawas. Tawagan ti Sentro ti Panagkontak para iti Serbisio ti Miembro iti 1-800-464-4000 (TTY 711) para iti tulong wenno bisitaen ti aniaman a registration desk para iti ad-adu pay nga impormasion iti aniaman nga pasilidad ti Kaiser Permanente, Lunes agingga iti Biernes, 8 a.m. agingga iti 5 p.m. Magun-odan met dagiti tulong ken serbisio para kadagiti tattao nga addaan iti kinabaldado, kas kadagiti dokumento iti braille, dadakkel a letra, audio, ken dadduma pay a nalaka a magun-od nga elektroniko a format.

Japanese: 母国語でのサポートが必要な場合は、24 時間 365 日、無料で言語アシスタントをご利用いただけます。詳細については、メンバーサービスコンタクトセンター（1-800-464-4000、TTY 711）にお電話でお問い合わせいただくか、Kaiser Permanente 施設の受付カウンターへお尋ねください（月曜日から金曜日の午前 8 時から午後 5 時）。障がいをお持ちの方には、点字、大活字、音声、その他のアクセシビリティに対応した電子文書などの支援やサービスもご用意しています。

Korean: 귀하가 사용하는 언어로 도움이 필요한 경우, 연중무휴 24 시간 무료로 언어 지원 서비스를 이용할 수 있습니다. 가입자 서비스 연락 센터에 1-800-464-4000(TTY 711)번으로 전화하여 도움을 요청하거나 Kaiser Permanente 시설에 있는 등록 데스크를 방문하여 월요일부터 금요일 오전 8 시부터 오후 5 시까지 자세한 정보를 얻을 수 있습니다. 점자, 큰 활자, 오디오 및 기타 접근 가능한 전자 형식의 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다.

Laotian: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ກໍຈະມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າ, 24 ຊົ່ວໂມງຕໍ່ອັນ, 7 ອັນຕໍ່ອາທິດ. ໂທຫາ ສູນຕິດຕໍ່ບໍລິການສະມາຊິກຂອງພວກເຮົາທີ່ເບີ 1-800-464-4000 (TTY 711) ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ ຫຼື ເຂົ້າໄປຫາໂຕະລົງທະບຽນໃດກໍໄດ້ ເພື່ອສອບຖາມຂໍ້ມູນເພີ່ມເຕີມ ຢູ່ສະຖານທີ່ໃຫ້ບໍລິການຂອງ Kaiser Permanente ແຫ່ງໃດກໍໄດ້, ແຕ່ອັນຈັນ ເຖິງ ອັນສຸກ, 8 ໂມງເຊົ້າ ຫາ 5 ໂມງແລງ. ນອກຈາກນັ້ນ, ກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຕ່າງໆ ສຳລັບຄົນພິການອີກດ້ວຍ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ, ພິມເປັນຕົວໃຫຍ່, ສຽງບັນທຶກ ແລະ ຮູບແບບເອເລັກໂຕນິກອື່ນໆທີ່ສາມາດເຂົ້າເຖິງໄດ້..

Marshallese: Ñe kwōj aikuj jipañ ilo kajin eo am, ewōr jipañ ilo kajin eo am im ejellok wonāān, 24 awa ilo juon raan, 7 raan ilo juon wiik. Kall e tok Jikin Jipañ ro rej Uwaan Doulul eo ad ilo 1-800-464-4000 (TTY 711) ñan jipañ ak etal ñan jabdewōt jikin rejijtōr ñan melele ko relaplok ilo jabdewōt jikin ājmour ko an Kaiser Permanente, Mande ñan Bōlaide, 8 awa jibboñ ñan 5 awa jota. Ewōr jipañ im kein jerbal ko ñan armej ro ewōr aer utamwe, āinwōt peba ko ilo braille, jeje ko relap, kein roñjak, im bar ilo wāween ko jet remaroñ bōk melele ko jen kein jerbal ko rekapeel ilo raan kein.

Navajo: Saad Diné k'ehjį' bee shiká a'doowoł ninízingo, t'áá jíík'e nábeehaz'ą́, t'áá áhwííjí t'áá áhwíítł'ę́ę́', tsosts'idjį́ ąą'át'é. Member Service Contact Centerjį' hodíílni 1-800-464-4000 (TTY 711) éí doodago t'áání Kaiser Permanente Azee' Bee Haz'ánígíí ádaal'íníjį' díínáát́ dóó baa nidíníitaał damóo biiskání dóó niléí nida'iiníishjį' aa'ádaat'é abínígo tseebį́į bik'i dahazk'ęęzgo dóó yaa adi'áago ashdla' bik'i dahazkeezjį' ná ąą'át'é. T'áá háída bits'įį' dóó binisíkęęs bee bich'į' anídahast'í'ígíí bá ahoot'i' nááná t'áá háída doo da'oo'íínii binaaltsoos yee deíyółta'ígíí bá hóló ałdo' áádóó saad nitsaago bee bik'i da'ashchínígí ałdo' hóló nááná saad bik'i naha'níłígíí ná hóló nááná béésh bee t'áá bí nitsídaakęęsígíí ał'ąą ádaa t'éego bee nahwidinitingo ałdo' ná dahóló.

Pohnpei an: Mah ke anahne sawas ohng ahmw lokaia, soun sawas en lokaia kak sawas ni sohte isepe ohng kowe, awa 24 nan rahn ehu, rahn 7 nan ehu wih. Eker aht 1-800-464-4000 (TTY 711) churi ekkena chepenin registration ren chomongen poraus non ekkena Kaiser Permanente Facility, Ni Ehd lel Ni Alem, kuloak 8 menseng lel kuloak 5 mwurin souwas. Mehn sawas oh sahpis ohng aramas me anahn tohror me duwehte doaropwe ni inting en me mas kun, inting lapala, mehn rongorong, oh soangen dipwisou en kamengei kan pil kak kohda.

Samoan: Afai e te mana‘omia se fesoasoani i lau gagana, e mafai ona e maua fesoasoani i gagana e aunoa ma se totogi, 24 itula o le aso, 7 aso o le vaiaso. Vala‘au i le matou Member Service Contact Center (Nofoaga Autū mo Fesoasoani mo Sui Auai) i le 1-800-464-4000 (TTY 711) mo se fesoasoani pe asiasi ane i so o se laulau lesitala mo nisi faamatalaga i soo se nofoaga o Kaiser Permanente, Aso Gāfua e oo i Aso Faraile, 8 a.m. e oo i le 5 p.m. O loo maua fo‘i fesoasoani ma auaunaga mo tagata e i ai mana‘oga faapitoa, e pei o lomiga mo i latou e po le vaai (braille), lomiga e faalapopo‘a mata‘itusi, pu’eleo, ma e mafai foi ona maua i isi lomiga i luga o le initaneti.

Spanish: Si necesita ayuda en su idioma, contamos con asistencia de idiomas sin costo alguno para usted las 24 horas del día, los 7 días de la semana. Comuníquese con nuestra Central de Llamadas de Servicio a los Miembros al 1-800-464-4000 (TTY 711) para obtener ayuda. O visite el mostrador de recepción en cualquier centro de atención de Kaiser Permanente para obtener más información, de lunes a viernes, de 8 a. m. a 5 p. m. También ofrecemos ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles.

Tagalog: Kung kailangan mo ng tulong na nasa iyong wika, may available na tulong sa wika nang wala kang babayaran, 24 na oras sa isang araw, 7 araw sa isang linggo. Tumawag sa aming Member Service Contact Center sa 1-800-464-4000 (TTY 711) para sa tulong o bisitahin ang anumang mesa para sa pagrerehistro para sa higit pang impormasyon sa alinmang pasilidad ng Kaiser Permanente, Lunes hanggang Biyernes, 8 a.m. hanggang 5 p.m. Mayroon ding mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille, malaking print, audio, at iba pang maa-access na electronic na format.

Tongan: Kapau ‘oku ke fiema’u tokoni homou lea, ‘oku ‘i ai e tokoni ta’etotongi kiate koe homou lea, houa ‘e 24, ‘aho 7 he uike. Fetu’utaki mai ki he Senitā Fakafetu’utaki Kau Mēmipa ‘i he 1-800-464-4000 (TTY 711) ki ha tokoni pē lava atu ki ha kanita fai’anga lesisita ki ha to e fakamatala ange ‘i he feitu’u Kaiser Permanente, Monite ki he Falaite, 8 pongipongi ki he 5 efiafi. Ai Tokoni mo e ngāue ki he kakai faingata’a’ia fakasino, hangē ko e ngaahi tohi ki he kau kui, paaki mata lālahi, hiki le’o, pea ‘ata ki ai mo e ngaahi naunau faka’ilekitonika ‘oku ma’u atu ai.

Vietnamese: Chúng tôi cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ 24/7, nếu quý vị cần được hỗ trợ bằng ngôn ngữ của quý vị. Vui lòng gọi điện đến Trung Tâm Liên Lạc Ban Dịch Vụ Hội Viên theo số 1-800-464-4000 (TTY 711) để được trợ giúp hoặc đến quầy đăng ký bất kỳ tại mọi cơ sở của Kaiser Permanente để hỏi thêm thông tin, chúng tôi phục vụ từ thứ Hai đến thứ Sáu, từ 8 giờ sáng đến 5 giờ chiều. Ngoài ra, chúng tôi cũng cung cấp công cụ hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, bản in khổ chữ lớn, dạng âm thanh và các định dạng điện tử dễ truy cập khác.