



Community Health Center of Southeast Kansas

Financial Assistance Application

Community Health Center of Southeast Kansas, Inc. (CHC/SEK) provides quality health care to all, regardless of ability to pay. This application may provide assistance if you have difficulty paying for services.

If you have any questions regarding your Financial Assistance Application contact:

CHC/SEK – Financial Assistance at (620) 240-5682 or fa@chcsek.org.

Return your completed Financial Assistance Application to:

CHC/SEK - Financial Assistance, P.O. Box 1832, Pittsburg, Kansas 66762

Fax Number: (620) 231-2808

Email: fa@chcsek.org

You may deliver your application to ANY CHC/SEK clinic.

A completed Financial Assistance Application includes:

- A Filled-out and signed Financial Assistance Application (please print clearly).
- All supporting documents (proof of income, proof of address).

You can qualify for Financial Assistance if you have health insurance; so, please complete the Financial Assistance Application regardless of your health insurance status.

CHC/SEK applies presumptive eligibility, which allows you to qualify for Financial Assistance while your Financial Assistance Application is being processed.

A determination on whether you qualify for Financial Assistance will be made within seven (7) days of the submission of your completed Financial Assistance Application.

Your Financial Assistance will last for one (1) year from approval of your Financial Assistance. After the year, you will be need to complete a new Financial Assistance Application.

Please see CHC/SEK’s website, www.chcsek.org, for additional information on CHC/SEK’s Financial Assistance Program.

Income Self-Declaration: No proof of my income is available. Given no proof of my income is available, I declare that my annual income is \$_____ I have no proof of my income because _____.

Patient/Guardian Name (Print): _____

Patient/Guardian Signature: _____

Date: _____ (Month) _____ (Day) _____ (Year)