Financial Assistance

In This Section

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Cook Children's is here to help families manage the cost of their child's medical care. We offer financial assistance to families who are:

- **Uninsured:** Families without health insurance.
- **Underinsured:** Families with insurance that doesn't cover all necessary medical expenses.
- **Not eligible for a government program:** Families who don't qualify for programs like Medicaid or CHIP.
- **Having financial hardship:** Families who are struggling to pay for medically necessary care due to financial difficulties.

Our **Financial Assistance Policy** explains the eligibility criteria, the application process and the options available. You can get a copy of the policy and financial evaluation form in both English and Spanish through:

- **The web:** Visit cookchildrens.org/financial-assistance.
- **The mail:** Request a copy by writing to Patient Registration/Financial Counselor, 801 7th Ave., Fort Worth, TX 76104.
- **The medical center:** Pick up a copy at any Patient Registration desk or the Emergency Department.

Who qualifies for financial assistance?

Any patient can apply for financial assistance, regardless of their insurance status. We use specific guidelines to determine eligibility and the amount of assistance provided.

- **Uninsured or underinsured:** Families with an income at or below 400% of the Federal Poverty Guidelines (FPG) will receive 100% coverage of eligible medical bills. Families with an income above 400% but at or below 500% of the FPG will receive a 75% discount on eligible medical bills.
- **Higher income with significant medical bills:** Families who have out-of-pocket medical costs exceeding 5% of their annual income may qualify for a discount limiting their cost to no more than 5%-20% of their income, depending on their percentage of the FPG.

If you qualify for financial assistance, you will never be charged more for emergency or medically necessary care than what insured patients would pay.

Residency requirements

To be eligible for financial assistance, patients must live in one of the following Texas counties to qualify:

- Collin
- Denton
- Hood
- Johnson
- Parker
- Tarrant
- Wise

How to apply for assistance

You can apply for financial assistance by completing the financial evaluation form and submitting it:

- **Online:** Through the MyCookChildren's patient portal
- **By email:** Send to CBOFinancialCounselor@cookchildrens.org
- **By mail:** Send to Financial Counseling, 801 7th Ave., Fort Worth, TX 76104

Financial counselors are available to help you with the application process. Please visit any Patient Registration desk at our medical centers, or call 682-885-2965 (option 3) for assistance.

Financial Assistance Policy

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Attachments

- Attachment A: Federal Poverty Guidelines
- Attachment B: Covered and Non-Covered Providers and Contracted Services
    - Cook Children's Medical Center | Covered Providers

    - Cook Children's Medical Center | Non-Covered Providers
    - Cook Children's Medical Center – Prosper | Covered Providers
    - Cook Children's Medical Center – Prosper | Non-Covered Providers
- Attachment C: Excluded Procedures/Services
- Attachment D: Excluded High Dollar Pharmaceuticals and Therapeutics
- Attachment E: Calculation of Amounts Generally Billed
- Attachment F: Financial Evaluation Form

Documents

- Plain language flyer: Financial assistance policy
- Plain language flyer: Financial assistance policy (Spanish)
- Financial Assistance Policy
- Financial Assistance Policy (Spanish)

References

- Internal Revenue Code § 501(r)
- Texas Health & Safety Code § § 311.043-.045

Snapshot saved 10/16/2026 from https://www.cookchildrens.org/patients-families/billing-insurance/financial-assistance/ · Page 4/6

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