



Name: _____ MR #: _____ Admit #: H

To the Financial Assistance Applicant:

Below please find a Financial Assistance Application. Please complete and return the application to the address listed on the bottom of page three of this form along with any of the supporting documentation requested below that pertains to your particular financial situation.

IF YOU HAVE ACTIVE MEDICAL ASSISTANCE

A) Write your Medical Assistance Number here ►

B) Enclose a copy of your Medical Assistance card.

PROOF OF INCOME (please include all that apply)

Social Security:

- Copy of Social Security Award Letter or Social Security Yearly Benefit Statement
- Copy of your most recent Social Security Check

Veterans Benefits:

- Copy of award letter or benefit statement
- Copy of most recent benefit check

Pensions:

- Copy of pension benefit statement
- Copy of most recent pension check



ADDITIONAL VERIFICATION REQUIRED

(Copies of the most recent statement or other verification for)

Income /Assets:

- Certificate of Deposits
- 401K, 403B, Keogh, IRA and other Retirement Accounts
- Annuities
- Cash value of life insurance policies
- Trusts
- Brokerage accounts
- Dividend/interest income
- Child Support
- Alimony
- Stocks, bonds and/or mutual funds
- Other investments

Liabilities/Expenses:

- Copy of your most recent mortgage or rent payment
- Copies of insurance premiums paid (homeowners policy, car insurance, etc.)
- Copies of medical payments and/or prescription payments
- Copies of other liabilities/expenses paid by you
- Copies of most recent bank statements for all bank accounts

Federal and State Income Tax Return:

- A complete copy of your most recent Federal and State Income Tax return complete with all applicable schedules

Other Pertinent Financial Data:

- Copies of Bankruptcy petitions, property settlements, etc.

If you are unable to provide copies of any of the above items, please send a letter explaining the specific reasons why the requested information was not enclosed. Additional information may be requested depending upon individual circumstances.

If you have any questions regarding the enclosed you may reach us at 410-938-3370.

Sincerely,

Valerie M. Braun
Patient Accounts Representative

VMW/wc
Enc.

