#### **Financial Assistance**

#### **Application Instructions**

## Steps You Need to Take to Apply for Financial Assistance

- 1. **Fill out both sides of the application form**. If you do not complete all the information, your application will be delayed until received. If not received by the thirtieth day, your application will be denied.
- 2. Return the completed application and supporting documents.

Deliver by Mail: Northeast Georgia Financial Navigation Department, PO BOX 129 Oakwood, GA 30566

**Deliver in Person:** Northeast Georgia Medical Center Gainesville, North Tower Cashier Desk/Drop Box, Fax 770-219-7092 Northeast Georgia Medical Center Braselton, Pre-Surgical Testing Drop Box

Northeast Georgia Medical Center Barrow, Emergency Department Drop Box Northeast Georgia Medical Center Habersham, Main Entrance Reception Desk Northeast Georgia Medical Center Lumpkin, Main Entrance Reception Desk

**Electronic Delivery:** For some patients, new applications can be completed through MyChart (through the Financial Assistance option). For patients with a currently pending application, you can also submit documents through MyChart.

### Supporting Documents - Attach to Your Application

Ι.	copy c	of one of the following documents:
0.00		Four (4) most recent pay stubs for everyone who is employed in your household. If pay stubs
are	unavanai	ole, please provide a notarized letter from the employer(s)
		Current year W-2 and/or most recent year tax return, including schedule C if self-employed
		Social Security award letter
		Proof of workers compensation, sick leave, short or long term disability compensation
		Signed and notarized letter from the person who provides food, shelter and clothing for you
and	your fan	nily, if you have no income.
2.	Proof of current home address (include one of the following).	
		Valid Georgia driver's license
		Valid Georgia identification card
		Current utility bill (electricity, water, etc.)
		Lease or rent receipts that identify your county of residence
		Proof of county of residence
		County property tax assessment
		County food stamp letter
		Voter registration card

# 3. Documents listed below, if applicable Children / Young Adults

☐ If you are single and have children, you must provide documentation of all household income including child support and/or alimony received.

	$\square$ If you have children listed other than your biological or stepchildren on your application, you must
provide le	egal documentation to this effect.
[	☐ If you are under 21 years of age and live with your parents, you must provide their income, name,
and date	of birth.
[	☐ Proof of student status must be included for college-age students. This includes a copy of current
class sche	dule, registration information and a copy of student photo ID.
4. Oth	er Income / Assistance
[	☐ Verification of Pension or Retirement Income.
[	□ Documentation from public welfare or government agency of your eligibility
[	☐ If recently unemployed (within last three months) you may be asked to provide a letter of separation
from your	past employer as well a letter from your local Georgia Department of Labor Career Center specifying
whether o	or not you are receiving unemployment benefits.
[	□ Patients seeking assistance due to limited financial resources may need to submit evidence of assets
such as ba	ank statements.
By com	pleting the Financial Assistance application, you agree:
[	☐ To apply for Medicaid and/or any other coverage available to pay for your care.
[	☐ That all information provided is accurate and complete and will be verified. Providing false
informati	on will result in a denial or reversal of financial assistance.
[	☐ To provide all information within 30 days of submitting an application.

# Notification

You will receive a response from us in the mail whether your application has been approved or denied within 30 days after we receive all the necessary documents. If you do not receive notification within 30 days, you may call 770-219-1898 for a status update on your application.