



Instructions for Completing Application for Financial Assistance

1. Fill out both sides of the form.
2. Mail completed application and supporting documents to the address below or bring your application to the Gainesville Office:

The Heart Center of Northeast Georgia Medical Center Attn: Self pay counselor
200 S. Enota Drive
Suite 200
Gainesville, GA 30501

Or Via fax 770-534-8025

If submitting documents separate from the application, please include a cover letter that provides the patient's name and date of birth in order for us to match the documents with the application.

3. Attach a copy (do not send originals) of the following documents:

Required documents for all applications:

- a. Proof of household income must be at least one of the following:
 - i. A copy of four most recent pay stubs of all employed in the household. If no pay stub available, please provide a notarized letter from employer.
 - ii. Current year W-2 and/or recent year tax return
 - iii. Social Security Award Letter
 - iv. Proof of workers compensation, sick leave, disability compensation, welfare, or social security retirement
 - v. If you have no income at this time, provide a signed and notarized letter from the person who provides food, shelter, clothing, etc. for you and your family, if applicable.
- b. Most recent 3 bank statements for personal and business checking and savings accounts
- c. Proof of home address (must be at least one of the following):
 - i. Valid Georgia driver's license
 - ii. Georgia identification card
 - iii. Current utility bill
 - iv. Lease or rent receipts showing evidence of county of residence
 - v. County property tax assessment
 - vi. County food stamp letter
 - vii. Voter registration card
- d. These documents, if applicable:
 - i. If you are not married but there are children in common, you must provide entire household income. Any child support or alimony received must also be included.
 - ii. If you are still legally married but separated, you must provide legal documentation of separation or spouse's income.
 - iii. Written verification from public welfare agencies or other government agencies which can attest to the Patient's Gross Income status for past 12 months
 - iv. Verification of Pension or Retirement Income
 - v. Verification of student status which is defined as a copy of current class schedule, registration information and a copy of student photo ID
 - vi. If you lost your job within the last three months, you are required to provide a separation letter from your past employer. Additionally, you must provide a letter from your local Georgia Department of Labor Career Center specifying whether or not you are receiving unemployment benefits.
 - vii. If you have listed any children on your application other than biological or stepchildren, you must provide legal documentation to this effect.
 - viii. Patients seeking assistance due to medical indigency may need to submit evidence of assets
 - ix. If you are under 21 and live with your parents, you must provide their income and name and DOB.

You will receive a response from us in the mail whether approved or denied, within 30 days. If you do not receive notification within 30 days, you may call (770) 297-3555 option #1 for a status update on your application.

By completing this application, you agree:

- To apply for Medicaid and/or any other type of potential coverage available to pay for your care.
- That all of the information provided is accurate and complete and will be verified. Providing false information will result in a denial of financial assistance. Additionally, NGH/THC reserves the right to reverse financial assistance if information is found to be false.
- To provide all information within 30 days of submitting an application.