



Charity / Indigent Care Application

Date: _____ Social Security Number: _____ Date of Birth: _____

Patient Name: _____

Sex: Male Female Marital Status: Married Single Divorces Widowed

Do you have any type of Health Insurance? Yes No

Do you have a GA Medicaid Card? Yes No Date Issued: _____

Are you on Medicare? Yes No

Are you on Social Security Disability with Medicare or Medicaid? Yes No

Are your children on health insurance, Peach Care of Medicaid? Yes No

Address: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent or Guardian if patient is under 21: _____

Patient (or Guardian) Employer: _____

Employer Address: _____ Phone: _____

Are You Self-Employed? Yes No Type of work: _____

Spouse's Employer: _____

Employer Address: _____ Phone: _____

Is Spouse Self-Employed? Yes No Type of work: _____

Full Name of Spouse and/or **Legal Dependents** Living in Household under 21, DOB, and Relationship:

1. _____
(NAME) (DOB) (RELATIONSHIP)
2. _____
(NAME) (DOB) (RELATIONSHIP)
3. _____
(NAME) (DOB) (RELATIONSHIP)
4. _____
(NAME) (DOB) (RELATIONSHIP)
5. _____
(NAME) (DOB) (RELATIONSHIP)

Savings	Checking	Real Estate	Auto
Account Balance _____	Account Balance _____	Equity Value _____	Equity Value _____

- I certify that this form has been examined by me and that the information given is true and correct to the best of my knowledge.
- I agree to provide Northeast Georgia Medical Center, Inc. with any information needed to verify statements given in this application and hereby give permission for their agents to obtain such information directly on my behalf.
- I understand that I must apply for any other benefits which might pay these accounts before charity care can be approved (e.g. Medicaid, Medicare, County Hospitalization, Disability, etc.)
- The above write-off is for your benefit only and based solely on the disclosure in your application. No release or write-off is granted in connection with any third party liability, whether the liability arises by contact or negligence. A hospital lien may have been filed naming you as the injured party. Any money recovered by the Hospital as results of a hospital lien will result in a reversal of the charity write-off up to the amount of the recovery.
- I understand that if I give false information that a charity care approval may be reversed and that Legal Action may be pursued, and I understand that the hospital may obtain any credit history.
- Applicant will be denied if application not completed and required documentation not provided.

Signature of Patient or Guardian: _____ Date: _____ Time: _____

Relationship to Patient: _____



Northeast Georgia Medical Center

The following information must be provided in order to process your charity/indigent care application:

- Proof of household income; last 4 most recent pay stubs. If self-employed, provide copy of recent federal income tax filed.
- If not married, but there are children in common, you must provide entire household income. If receiving child support or alimony this must also be provided.
- If you are still legally married but separated, you must provide legal documentation of separation or provide spouse income.
- If you lost your job within the last three months you are required to provide a separation letter from your past employer, and if you have no income at this time please provide a notarized, signed support letter from person who provides room and board for you and your family.
- If you have listed any child or children on your application other than biological or stepchildren, you must provide legal documentation to this effect.
- Proof of home address, such as: valid GA drivers license, GA ID or current utility bill. If you cannot provide any of the above, provide a notarized letter from your landlord stating your home address.

You are required to return all information within the next 15 days. This application is not a guarantee that your account will not follow our collection process. Your accounts will not be placed on hold.

You will receive an approval or denial letter upon completion of application review.

Sincerely,
Financial Assistance
(770) 219-7048