



Financial Assistance Application

Please submit this application, along with all required documentation, to a DeKalb Medical Financial Counseling Department (located by the main information desks at the North Decatur and Hillandale hospital locations) or by mail to 2710 North Decatur Road, Decatur, Georgia 30033.

For further information or assistance with this application, please visit a DeKalb Medical Financial Counseling Department in person or by phone at 404-501-5519.

Any misrepresentation of the information submitted with this application may result in the retroactive denial or reduction of financial assistance and the patient/responsible party being held liable.

Patient Account #: _____

Patient/Responsible Party Last Name: _____

Patient/Responsible Party First Name: _____

Street Address: _____

City: _____

State Abbreviation: _____

Zip Code: _____

Home Phone Number: _____

Patient/Responsible SSN: _____

Date of Birth: _____

Household Size: _____

Total Household Income: \$_____

Amount of other assets available: \$_____

Do you have medical insurance? Yes No Provider Name: _____

Patient Name (if different than responsible party): _____

Signature of Patient or Responsible Party

Date

Please submit the following with this application:

Identification - The original or a certified copy of at least one of the following documents is required:

- Passport
- Driver's license
- State of Georgia ID card
- School picture ID
- Visa or Residence Alien Card (if applicable)

Residency - One to three of the following documents showing the patient's current street address is required to verify place of residency:

- One to three utility bills: power, gas, cable, water, telephone
- Lease contract
- Rent receipt (showing current address)
- Food stamps letter
- Voter registration documentation
- Credit card statements
- Latest IRS tax return
- Medicaid letters
- Student letters from school
- Bank statement
- Mortgage statement
- Check stubs showing your address
- Note: P.O. Box addresses do not demonstrate residency

Income – One of the following is required:

- One to three current pay check stubs (patient and spouse)
- Unemployment claim
- Department of Labor (DOL) wage inquiry
- Recent bank statements, if patient is living off saving
- A letter from an employer on company letterhead stating the rate of hourly pay, the total amount paid each pay period and how often the employee is paid
- Any decision letter indicating the patient is receiving unemployment compensation, Medicaid, Social Security disability, general assistance, etc.
- Food stamps letter and pay check stubs (if applicable)
- Verification of homelessness or a letter from a shelter on company letterhead
- Other business documents showing how the patient is being supported

Number of dependents – One of the following is required:

- Previous year's income tax return (most recent)
- Any decision letters indicating that the patient has legal responsibility for the child, such as, court ordered guardianship papers or custody papers
- Birth certificate for each child age 18 and younger