

## HCAP/CHARITY CARE DOCUMENTATION

WHAT IS NEED TO PROCESS THE FINANCIAL ASSISTANCE APPLICATION:

### EMPLOYED

- COMPLETED APPLICATION
- MEDICAID DENIAL/ACCEPTANCE LETTER
- 3 MONTHS OF PAY STUBS OR 1040 INCOME TAX
- CURRENT BANK STATEMENT (IF NONE, NEED LETTER STATING AND SIGNED AND DATED)

### SOCIAL SECURITY, DISABILITY, OR PENSION

- COMPLETED APPLICATION
- MEDICAID DENIAL/ACCEPTANCE LETTER
- SOCIAL SECURITY OR PENSION LETTER
- 3 MONTHS OF BANK STATEMENTS (IF NONE, NEED LETTER STATING NO BANK STATEMENT, WHERE THE SOCIAL SECURITY CHECK IS BEING DEPOSITED, SIGNED AND DATED)

### NOT EMPLOYED

- COMPLETED APPLICATION
- MEDICAID DENIAL/ACCEPTANCE LETTER
- WRITTEN LETTER STATING NOT EMPLOYED AND LAST DATE OF EMPLOYMENT, SIGNED AND DATED
- BANK STATEMENT

KEEPING OUR PROMISE TO BE *YOUR* HOSPITAL

