

Financial Assistance Program Verification

The following items are required for all spouses of patients, as well as any children that have income who are living with patient.

Acceptable documentation for income verification: (please check all that apply)

- ☐ Most recent four (4) check stubs from employer (January through April W2 for previous year acceptable)
- ☐ Child support payments
- ☐ Alimony
- ☐ Unemployment
- ☐ Worker's Compensation
- ☐ Retirement benefits (if direct deposit, bank statement acceptable)
- ☐ Disability Income (if U.S. Treasury direct deposit, bank statement acceptable)
- ☐ Social Security benefits (if U.S. Treasury direct deposit, bank statement acceptable)
- ☐ Scholarships, grants, fellowships, assistantships
- ☐ Veteran's payments
- ☐ Public Assistance (welfare, WIC, housing assistance, etc.)
- ☐ Military Family Allotments
- ☐ Support from absent family member
- ☐ Emergency Assistance money
- ☐ Income from other sources such as: rental property, lawn care, etc.
- ☐ Recent bank statements (complete pages, most recent two months of checking, savings, etc.)
- ☐ If self-employed, provide federal and state tax documentation
- ☐ Liability insurance benefits
- ☐ Driver's License, Social Security Card, or other form of identification

If none of these are available, the patient must bring in some documentation of how their housing and food are being supplied.

- ☐ _____
- ☐ _____
- ☐ _____

If patient's employer offers medical insurance and patient did not enroll, explanation of refusal and letter from employer stating cost of insurance if employee had enrolled.

Mail completed application to PO Box 934805, Site ID 2200, Atlanta, GA 31193
Fax to 678-486-6036 or email the application and required documents to charitycare@patientfinancialsvcs.com