



Garnet Health

Patient Name: _____
Account #: _____
Service Date: _____
Balance Due: _____

Enclosed please find the Garnet Health Financial Assistance application. Complete the application and return it to us with copies of the required documents:

- * **Proof of Identity:** Photo ID
- * **Proof of Income:** Recent 4 paystubs,
Unemployment statement, social security award letter
Or letter from employer.
- * **Bank Statement:** Two most recent bank statements.

If any necessary information or the application is incomplete, we will not be able to process your application.

If you are under 21 years of age, and/or are a dependent of your parents, then your parent must fill out the eligibility application and provide the necessary documentation.

A letter describing your situation may also be helpful in determining your eligibility.

This application must be returned to the hospital by _____ (240 days of service).
Return Application to:

**Garnet Health Medical Center
Financial Advocate Office
707 E. Main St.
Middletown, New York 10940**

**Garnet Health Medical Center - Catskills
Financial Advocate Office
68 Harris-Bushville Rd
Harris, NY 12742**

If you have any questions, please do not hesitate to contact our Financial Advocate Department

Sincerely,