



Garnet Health

Financial Assistance Application

Garnet Health Medical Center / Doctors / UC
707 E. Main St., Middletown, NY 10940

Garnet Health Medical Center - Catskills / Doctors / UC
68 Harris-Bushville Rd., Harris, NY 12742

Patient Name: _____ Account #: _____

Marital Status _____ Patient SS#: _____ Date of Birth _____ Patient Phone # _____

Home Address: _____

Mortgage: _____ Rent: _____ Employer: _____

GROSS MONTHLY INCOME

| <i>Source</i> | <i>Patient Income</i> | <i>Spouse -Significant Other - Parent Income</i> | <i>Total Monthly Income</i> |
|----------------------------|-----------------------|--|-----------------------------|
| Wages/Salary | | | |
| Self-Employment | | | |
| Social Security | | | |
| Retirement Pension | | | |
| Workers Compensation | | | |
| Unemployment | | | |
| Child Support / Alimony | | | |
| Other: | | | |

List members of your household

| <i>Name</i> | <i>Date of Birth</i> | <i>Relationship to Patient</i> |
|-------------|----------------------|--------------------------------|
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Important

1. Application must be complete and signed.
2. Return the completed application within 30 days to Garnet Health office of Financial Advocate Unit at one of the above addresses.
3. Your request will be reviewed after all items are received. You will be notified in writing of our determination within 30 days

Documentation Check List

- (1) Photo ID. (Driver's License, Passport, or Sheriff's Photo, etc.) (2) Proof of income (four most recent paystubs, unemployment statement, and/or Social Security statement). (3) Two most recent bank statements.

Disclaimer

I have read and understand the above conditions. I also understand that all the information on this application will be verified by the staff at Garnet Health. This document will serve as a release of income verification. I swear all statements in this application are true and correct. Submitting false information will be cause for eligibility denial.

Signature of Applicant

Attachment B

Date