



## Northeast Georgia Health System Financial Assistance Application Instructions

### Steps You Need to Take to Apply for Financial Assistance

1. **Fill out both sides of the application form.** If you do not complete all of the information, your application will be returned to you to finish.
2. **Return the completed application and supporting documents.**

**Mail:** Northeast Georgia Financial Assistance  
PO BOX 129  
Oakwood, GA 30566

**Fax** 770-219-7092

**Deliver to:** Cashier office located at NGMC Gainesville, NGMC Braselton or NGMC Barrow  
Any NGPG practice  
The Heart Center @ NGMC practice

If submitting documents separate from the application, please include a cover letter with the patient's name and date of birth, so that we can match the documents with the application. **Supporting documents must be submitted within 30 days of application submission.**

### Supporting Documents - Attach to Your Application

#### 1. Copy of one of the following documents:

- Four (4) most recent pay stubs for everyone who is employed in your household. If pay stubs are unavailable, please provide a notarized letter from the employer(s).
- Current year W-2 and/or most recent year tax return, including schedule C if self-employed
- Social Security award letter
- Proof of workers compensation, sick leave, disability compensation, welfare, or social security retirement
- Signed and notarized letter from the person who provides food, shelter and clothing for you and your family, if you have no income.

#### 2. Proof of current home address and last three months' home addresses (*include one of the following*).

- Valid Georgia driver's license
- Valid Georgia identification card
- Current utility bill (electricity, water, etc.)
- Lease or rent receipts that identify your county of residence
- Proof of county of residence
- County property tax assessment
- County food stamp letter
- Voter registration card



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### 3. Documents listed below, if applicable

#### Children / Young Adults

- If you are single and have children, you must provide documentation of all household income including child support and/or alimony received.
- If you have children listed other than your biological or stepchildren on your application, you must provide legal documentation to this effect.
- If you are under 21 years of age and live with your parents, you must provide their income, name, and date of birth.
- Proof of student status must be included for college-age students. This includes a copy of current class schedule, registration information and a copy of student photo ID.

#### Other Income / Assistance

- Notarized documentation of separation if you are still legally married. Otherwise provide spouse's income, if you are still living in the same household.
- Verification of Pension or Retirement Income.
- Documentation from public welfare or government agency of your gross income for the past 12 months.
- If recently unemployed (within last three months) you must provide a letter of separation from your past employer as well a letter from your local Georgia Department of Labor Career Center specifying whether or not you are receiving unemployment benefits.
- Patients seeking assistance due to limited financial resources may need to submit evidence of assets such as bank statements.

#### By completing the Financial Assistance application, you agree:

- To apply for Medicaid and/or any other coverage available to pay for your care.
- That all information provided is accurate and complete and will be verified. Providing false information will result in a denial or reversal of financial assistance.
- To provide all information within 30 days of submitting an application.

## Notification

You will receive a response from us in the mail whether your application has been approved or denied within 30 days after we receive all the necessary documents. If you do not receive notification within 30 days, you may call 770-219-1898 for a status update on your application.