



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDIGENT/CHARITY CARE

Northridge Medical Center will provide services at a discounted rate to patients who meet the financial requirements. Eligibility is based on financial need. The primary factor in determining eligibility is an applicant's income and available recourses. It's therefore important that you provide us with as much detail as possible about all members of your household, their income and any other information that affects your ability to pay.

Attached is an Indigent/Charity Care Application to determine if you are eligible for discounted services. Please complete the application and return along with the following:

1. **In non-emergent cases, a denial for Medicaid from your county DFCS office must be provided.** You can visit our on-site Medicaid Eligibility Coordinator at the hospital during the day by calling Ilesha Watson at (706) 335-1127 to schedule an appointment with her.
2. List **all** members of your household: full name, date of birth, social security number and name of current/former employer.
3. If you have dependents, you **must** include the first page of your last years Federal Income tax form for verification.
4. **Attach copies of any income** received within the household in the last 3 months: (Copies of all pay stubs, social security checks/SSI determination, unemployment compensation, child support, pension funds, food stamp determination, etc.)
5. **If self employed**, you must provide a copy of the prior year tax return. Proof of Income cannot be established without this information.
6. **If unemployed**: Attach a "proof of living" letter from the person(s) that provides food/shelter, and pays your monthly expenses (utilities, water, etc.)
7. Attach **copies** of current Bank Statement, Savings Accounts, Tax Returns, etc.

Failure to provide all the required information will cause your application to be denied. If applying for pre-approval of a physician ordered procedure it must be \$500.00 or greater.

Northridge Medical Center reserves the right to verify any of the information you provide including conducting a check on your credit history.

Please complete this attached application and return within 30 days from the date of request. **Mail to: Northridge Medical Center, Attn: Business Office, 70 Medical Center Drive, Commerce GA 30579**

If you have any questiond or need assistance with completing the application, please contact Kristi Lord (706-335-1116)