

Financial Assistance Program

Patient Name: _____
(Last) (First) (Middle)

ACCOUNT #: _____ SOCIAL SECURITY #: _____

_____ Completed Financial Assistance Program Application

_____ Proof of Income:

- _____ Income Tax Form Signed, W-2(s), 1099, 1040
 - If these forms are not available an IRS letter of non-filing is required (1.800.829.1040)
- _____ 2 Pay Stubs
- _____ Letter from Employer
- _____ Proof of Unemployment
- _____ Proof of Child Support
- _____ Proof of Social Security Income
- _____ Proof of Alimony, Child Support, Unemployment and/or Pension

- _____ Letter from physician, if unable to work.
- _____ Notarized letter if you are being supported by relatives/friends or are unemployed.
- _____ Verification letter if receiving Food Stamps.
- _____ Proof of non-eligibility of Medicaid.
- _____ Print out from pharmacy of prescriptions purchased in the last six (6) months.
- _____ Please note your medical record number on top right of each page.
- _____ Copy of social security card or permanent resident visa card.
- _____ Verification of Affordable Care Act approval or denial with or without subsidies.

RE: PATIENT FINANCIAL ASSISTANCE PROGRAM APPLICATION (Application Attached)

In order for the University of Alabama Health System to evaluate your financial situation, we **must** receive all required information on the next page.

Please return the following information within thirty days so that we may process your application:

- 1) The completed Financial Assistance Program Application with this letter.
- 2) Proof of your income, spouse's income, and proof of income of anyone living with you of working age.
 - a. Most recently signed income tax form, complete with a copy of W-2(s), 1099, etc. If you did not file taxes verification of non-filing from the IRS is required. (IRS - 1-800-829-1040)
 - b. Proof of Social Security income, if applicable.
 - c. Copies of two (2) or more of your most recent pay stubs (or a letter from your employer that has been notarized or is on company letterhead verifying gross income.
 - d. Proof of alimony, child support, unemployment, pension, etc.
- 3) **If you are unable to work due to illness, a letter from your physician confirming your inability to work is required.**
- 4) If you receive no income, and are being supported by relatives or friends, a **notarized** letter explaining those arrangements is required. The letter must be signed by person(s) lending assistance.
- 5) If you, your spouse, or anyone of working age living with you is unemployed, a **notarized** letter is also **required** stating length of unemployment, along with the name and relationship to you.
- 6) If you or anyone in your household receives food stamps, a verification letter is required.
- 7) Proof of non-eligibility or Medicaid, if a Medicaid application was submitted to the state.
- 8) Pharmacy printout of prescription medications purchased in the past six months.

Once you have completed the enclosed application and collected all the items listed, please mail the documents to:

**UAB Medicine - Eligibility
619 19th Street South-QB102
Birmingham, AL 35249-6510**

You may also call (205) 801-9910 to schedule an appointment with one of our financial assistance counselors.

If you need any help completing the application or have any questions about the items requested, please call our office at (205) 801-9910.

**Failure to return the requested information will result in the denial of this application. The falsifying of any information on the Financial Assistance Program Application will result in financial assistance becoming null and void.*

**This also applies to charity/discounted care renewals.*