



MedStar Health

SUBMIT COMPLETED APPLICATION TO:
MEDSTAR HEALTH
Financial Assistance Department
PO Box 411019
Boston, MA 02241-1019

or email to:
pfscustomerservice2@medstar.net

MEDSTAR FINANCIAL ASSISTANCE DATA REQUIREMENT CHECKLIST

****Please return the required documentation attached to this checklist ****

A: MEDSTAR UNIFORM FINANCIAL ASSISTANCE APPLICATION

_____ Complete **in full and sign** attached MedStar Uniform Financial Assistance Application

B: SECTION I. FAMILY INCOME:

- _____ 1) Two current pay stubs showing year-to-date income; or 4 months gross income
- _____ 2) Most recent income tax return with W2s - Self-employed/profit and loss statement
- _____ 3) Current Social Security Award Letters, proof of pension and/or DSS Award Letter, Workman’s Compensation, TEHMA, SSDI
- _____ 4) Unemployment Benefit History Payment Statement or denial
 - **Can be obtained at your unemployment office**
- _____ 5) Proof of child support
- _____ 6) Proof of alimony
- _____ 7) **Copies of all other forms of income as listed on the MedStar Uniform Financial Assistance Application Section I: FAMILY INCOME**
- _____ 8) **If claiming zero income, letter of support from person providing financial support.**

C: SECTION II. LIQUID ASSETS

- _____ 1) Copies of bank statements for ALL Savings and/or Checking Accounts
- _____ 2) Copies of statements for ALL Stocks, Bonds, CD, or Money Market Accounts
- _____ 3) If there are no liquid assets, please provide a written/signed letter stating \$0 assets.

D: SECTION III. OTHER ASSETS

- _____ 1) **If you own your home(s), please provide:**
 - a. **Current loan balance:** \$ _____
 - b. **Current home market value:** \$ _____

E: SECTION IV. MONTHLY EXPENSE

- _____ 1) **Provide copies of all unpaid medical bills for the past 12 months.**

To discuss your application, please contact our office at 410-933-4966 or 1 (844) 817-6087
Monday – Friday 8:00 am – 6:00 pm.