



MedStar Health

SUBMIT COMPLETED APPLICATION TO:
MEDSTAR HEALTH
Financial Assistance Department
8020 Corporate Drive
Baltimore, MD 21236

MEDSTAR FINANCIAL ASSISTANCE DATA REQUIREMENT CHECKLIST

We are in receipt of your financial assistance application. In order to complete your eligibility determination, your application with support documents must be returned within fifteen (15) days from the date of this data request. Failure to comply with requirement will result in an automatic denial for MedStar Financial Assistance.

****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.