SUBMIT COMPLETED APPLCATION 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

_____ If you are non-US citizen, please provide copies of permanent resident identification

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 410-933-2424 or 1800-280-9006
Monday – Friday 7:00 am – 7:00 pm.