



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

\_\_\_\_\_ 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.