



WakeMed Health & Hospitals Financial Assistance Application Instructions

If you are unable to meet the required payment arrangement on your account due to a permanent or temporary financial situation, you may have your account reviewed by WakeMed to determine if you qualify for alternative arrangements. In order to be evaluated for Financial Assistance, you must complete and send the following:

- ☐ Financial Assistance Application ☐ List B: Proof of Residency (2 Items Needed)
☐ List A: Proof of Income for you and your spouse ☐ List C: Any Items if Applicable

Please note: if you must send a letter for one or more of the items in the lists below, you may include them all in one letter. For example, if you are unemployed and do not have proof of residency, you may include the explanation for both items in one letter.

If you fail to provide a complete application with all supporting documents, WakeMed will be UNABLE to process your application and normal billing procedures will continue. Please see the below lists for the acceptable forms.

| LIST A Proof of Income for Guarantor/Patient and their Spouse (if applicable) Must submit item #1 or the items in #2 <i>Failure to send documentation of spouse's income will prevent your application from being processed</i> | LIST B Proof of Residency 2 Items Required <i>Must include both your name and a current North Carolina address which must match your application</i> | LIST C: IF APPLICABLE <i>Failure to send the below documentation will prevent your application from being processed</i> | ITEMS WE WILL NOT ACCEPT <i>Please do NOT include any of the items in the below list as proof for items in list A, B or C.</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <u>Last filed tax return</u> for the Guarantor/Patient and Spouse – all copies of 1040, 1040 EZ, etc. if it reflects current income situation.</p> <p style="text-align: center;">OR</p> <p>2. <u>Personal Letter and Paystubs</u></p> <p>If the last filed tax return does not reflect the current income situation, please submit the following:</p> <ul style="list-style-type: none">- A <u>personal letter</u> stating the current employment status for the Guarantor/Patient and their Spouse (if applicable) including if either individual is unemployed or self-employed.<ul style="list-style-type: none">* The letter must include the household adjusted gross income (prior to taxes), the applicant's printed name, current address, and the applicant's signature.- <u>Most recent paystubs</u> for the last 4 weeks for the Guarantor/Patient and/or Spouse if employed. | <ul style="list-style-type: none">• Mortgage Statement• Lease Agreement• Current Utility Bill• Photo ID (with current address)• Vehicle Registration• If Guarantor/Patient and/or Spouse does not have proof of residency, a letter must be submitted stating the current living situation.<ul style="list-style-type: none">*The letter must contain your printed name, current address, and the applicant's signature. | <ul style="list-style-type: none">• Disability letter• Medicaid denial letter• Social Security Benefit Statement | <ul style="list-style-type: none">• W2• Tax Transcript• 1099 Forms• Personal Checks (in place of paystubs) |

Upon receipt and review of your application, and all of the required documentation listed above, WakeMed may contact you regarding any alternate payment arrangements that can be made on your account. Until you have received written notification from WakeMed regarding a change in payment arrangements, please continue to make required payments.

To ensure that the information is received promptly, please return the completed application and required documentation to either of the below pathways:

PFS – Customer Service Unit
P.O. Box 14465
Raleigh, NC 27620-4465

Fax: (919) 350-6968
*Please send both sides if copies are front and back

WakeMed Health & Hospitals Financial Assistance Application

1. Patient Information

Patient Name: _____ SS# _____ Date of Birth: _____ Acct. # _____

Address: _____ City: _____ St: _____ Zip: _____

Email address: _____

Is patient deceased? ☐ Yes ☐ No - If yes, please also attach a copy of the death certificate to the application.

2. Guarantor (Responsible Party)

Guarantor (Responsible Party) Name: _____ SS# _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone number: Home/Cell: _____ Is the Guarantor a resident of NC? ☐ Yes ☐ No

Marital Status: (Please circle one) Single Married Separated Divorced Widowed

Email address: _____

Spouse Information:

Name: _____ SS# _____ DOB: _____

3. Employment Status (Attach additional documentation if necessary)

Patient/Guarantor Employment: ☐ Full ☐ Part ☐ Unemployed, letter needed.

Current Employer: _____ **Dates:** From: _____ To: _____

Phone: _____ Salary: _____ Hr/Wk/Mo/Yr Average # of hours worked per week: _____

Previous (second job) Employer: _____ **Dates:** From: _____ To: _____

Phone: _____ Salary: _____ Hr/Wk/Mo/Yr Average # of hours worked per week: _____

Spouse's Employment: ☐ Full ☐ Part ☐ Unemployed, letter needed.

Current Employer: _____ **Dates:** From: _____ To: _____

Phone: _____ Salary: _____ Hr/Wk/Mo/Yr Average # of hours worked per week: _____

Previous (second job) Employer: _____ **Dates:** From: _____ To: _____

Phone: _____ Salary: _____ Hr/Wk/Mo/Yr Average # of hours worked per week: _____

4. Household Member Information

Total Number of Household Members: _____

Please list all members of your household (with whom you are responsible for) even if they have not been seen at WakeMed Health & Hospitals, WakeMed Physician Practices and/or WakeMed Specialty Group. *If more space is needed, please add each additional member to a separate sheet of paper and attach to this application.*

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

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5. Please complete the Assets and Liabilities sections below for the Household

| Assets (attach additional pages if necessary) | | Liabilities | Current Bal | Monthly Payment |
|--------------------------------------------------|----|------------------------|-------------|-----------------|
| Primary Residence | \$ | Mortgage Balance | \$ | \$ |
| Other Real Estate | \$ | Loans against Life Ins | \$ | \$ |
| Bank Accounts | \$ | Bank Credit Cards | \$ | \$ |
| Retirement Accounts | \$ | Other Cards | \$ | \$ |
| Stocks | \$ | Utilities | \$ | \$ |
| Mutual Funds | \$ | Rent | \$ | \$ |
| Trust Accounts | \$ | Other Vehicles | \$ | \$ |
| Other | \$ | Other | \$ | \$ |
| Cash Value of Life Ins | \$ | | \$ | \$ |
| Total Assets | \$ | Total Debt | \$ | \$ |

6. Certification:

I certify that the above information is correct to the best of my knowledge. I authorize the release of any of this information from my employer and/or holders of this information, for the purpose of evaluating assistance in the payment of my medical bills and verification of my income.

Patient/Guarantor Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

Don't forget to check the instructions page to ensure you include all of the necessary documents such as the items below:

| | | | |
|---------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>2 Forms of Proof of Residency</u> | <u>Most Recent Tax Return</u> | <u>4 weeks of Pay Stubs Work History</u> (Must show current name and address of the individual(s) who is employed) | <u>Other Applicable Documents per Instructions</u> (Personal signed letter detailing income/employment or residency status, Social Security letter, or other letter for guarantor/spouse/other household members.) Letter must include name, current address, and Applicant's Signature. |
|---------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Mailing Instructions/Contact Information:

Mail Documentation to:

WakeMed
PO Box 14465
Raleigh, NC 27620-4465

Customer Service:

Email: FinancialAssistance@wakemed.org
Phone: (919) 350-8359
Fax: (919) 350-6968

Note: Please allow 2 - 3 weeks for processing.