



**Financial Assistance 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
- Item from LIST A: Bank Statements from prior 3 months
- Item from LIST B: Proof of Income for you **and spouse**
- Item from LIST C: Proof of Residency
- Any applicable items from List D below

If you fail to provide a complete application and 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

<b>Acceptable Forms of Required Documentation</b>			
<b>LIST A Bank Statements (with bank name/address)</b>	<b>LIST B Proof of Income for you AND SPOUSE</b>	<b>LIST C Proof of Residency</b>	<b>LIST D: ONLY IF APPLICABLE</b>
<i>Must include both your name and a current address</i>	<i>Failure to send documentation of spouse's income will prevent your application from being processed</i>	<i>Must include both your name and a current North Carolina address</i>	<i>Failure to send the below documentation will prevent your application from processed</i>
<ul style="list-style-type: none"> <li>• Bank Statements from prior 3 months with your name and current address</li> </ul> <p>Note: if you do not have an active bank account, you may send a notarized letter stating so</p>	<ul style="list-style-type: none"> <li>• Most recent tax return for Guarantor/Patient and Spouse – all copies of 1040, 1040 EZ, etc. or most recent W-2's for Guarantor/Patient and Spouse</li> <li>• Most recent paystub(s) for prior 4 weeks Guarantor/Patient and Spouse</li> </ul> <p>Note: if unemployed or do not have your and your spouse's most recent tax return, you may send a notarized letter stating so</p>	<ul style="list-style-type: none"> <li>• Mortgage Statement</li> <li>• Lease Agreement</li> <li>• Current Utility Bill</li> </ul> <p>Note: if you or your spouse do not have proof of residency, you may send a notarized letter stating your living situation</p>	<ul style="list-style-type: none"> <li>• Disability letter</li> <li>• Medicaid denial letter</li> <li>• Social Security Benefit Statement</li> </ul>

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 completed application with required documentation to either of the below pathways:

PFS – Customer Service Unit  
P.O. Box 14465  
Raleigh, NC 27690-2002

Fax: (919) 350-6580  
\*please send both sides if copies are front and back



WakeMed Health & Hospitals
Financial Assistance Instructions/Application

Return Completed form to: \_\_\_\_\_ MR# \_\_\_\_\_ Phone number for questions: (919) 350-8359

Patient and/or Guarantor (Responsible Party) Information:

Patient Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Acct. # \_\_\_\_\_

Guarantor (Responsible Party) Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: Home/Cell: \_\_\_\_\_ Are you a US Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

In which state did you file your recent tax return? \_\_\_\_\_ Total # of Exemptions claimed on tax return? \_\_\_\_\_

Spouse Information:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Acct. # \_\_\_\_\_

Is patient deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the application and attach a copy of the death certificate to the application.

Household Member Information:

Total Number of Household Members: \_\_\_\_\_

Please list family members living in the household (whom you are responsible for) who have been seen at WakeMed Health & Hospitals or WakeMed Physician Practices. If more space is needed, please add each additional member to a separate sheet of paper and attach to this application.

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Insurance/Other Assistance:

Have you applied for Medicaid? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when: \_\_\_\_\_ Which County? \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_ Are you receiving food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you covered by any of the following? (Check all that apply)

- [ ] Private Health Ins [ ] Medicare [ ] Medicaid [ ] Cancer Program [ ] Blind Comm [ ] Sickle Cell
[ ] Cripple Children [ ] Voc Rehab [ ] Migrant Hlth [ ] Veteran's Admin [ ] Other: \_\_\_\_\_

Employment Status: (Attach additional documentation if necessary) [ ] Full [ ] Part [ ] Unemployed, please explain on page 2

Patient/Guarantor Employment:

Current Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Average # of hrs worked per week: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Average # of hrs worked per week: \_\_\_\_\_

Spouse's Employment:

Current Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Average # of hrs worked per week: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_ Hr/Wk/Mo/Yr Average # of hrs worked per week: \_\_\_\_\_



**WakeMed Health & Hospitals  
Financial Assistance Instructions/Application**

**All Other Income for Patient, Guarantor or Spouse: (Check all that apply)**

<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> VA	\$ _____
<input type="checkbox"/> Worker's Comp	\$ _____	<input type="checkbox"/> Disability	\$ _____	<input type="checkbox"/> Investments	\$ _____
<input type="checkbox"/> Alimony	\$ _____	<input type="checkbox"/> Pension	\$ _____	<input type="checkbox"/> Retirement	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Child Support	\$ _____	Number of Children	# _____
<input type="checkbox"/> Other Type: _____					\$ _____

Check one:  Weekly  Monthly  Yearly

**If unemployed or no income, please explain:** \_\_\_\_\_

**Assets:**

(attach additional pages if necessary)

Primary Residence	\$
Other Real Estate	\$
Bank Accounts	\$
Retirement Accounts	\$
Stocks	\$
Mutual Funds	\$
Trust Accounts	\$
Other	\$
Cash Value of Life Ins	\$
Total Assets	\$

**Liabilities:**

	Current Bal	Mo Payment
Mortgage Balance	\$	\$
Mortgage Balance	\$	\$
Bank Credit Cards	\$	\$
Other Cards	\$	\$
Utilities	\$	\$
Rent	\$	\$
Other Vehicles	\$	\$
Other	\$	\$
Loans against Life Ins	\$	\$
Total Debt	\$	\$

**Banking Information:**

Name of Bank: \_\_\_\_\_ State: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

Name of Bank: \_\_\_\_\_ State: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

**Life Insurance Policies:**

Name of Company: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_

**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, expenses and assets.

**Patient/Guarantor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Did you include your attachments?**

**Supporting Documents Check List:** Include each item when submitting application

<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Recent Signed Tax Return or W-2's	<input type="checkbox"/> 4 weeks of Pay stubs (Must show name and address)	<input type="checkbox"/> Last 3 months of Bank statements (Must show name and address)	<input type="checkbox"/> Other applicable documents per instructions
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