

MUSC Health Application for Financial Assistance

Medical Record # _____ Date of Birth _____ Marital Status _____

Patient Name _____ SSN Last Four Digits _____

***Guarantor** _____ SSN _____ Email Address _____
Responsible for Patient's Balance

Work Phone _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip Code _____

Guarantor's employer _____
 Employer Name/Address/Phone Number/Date of Hire for Guarantor and Spouse

Guarantor, if not working, when was your last date of employment? _____

Spouse's employer _____
 Employer Name/Address/Phone Number/Date of Hire for Guarantor and Spouse

Spouse, if not working, when was your last date of employment? _____

Are you a South Carolina Resident? Yes or No

Are you a U. S. Citizen? Yes or No

If YES or NO, you must provide a legible copy of a valid S. C. Driver's License or a valid S. C. picture ID. If NO, you must also provide a legible copy of a valid Green Card

List all household members/dependents as claimed on your Federal Income Taxes. If a person listed below is not claimed on your taxes, you must provide at least one of the following documents for each person: Birth Certificate, Immunization Record, Social Security Card, Current Medicaid Eligibility Letter, Custody Records or Legal Guardianship Document, School Records OR any reasonable document which shows the parent/guardian-child relationship. If you require more lines than are available on this form, use the Dependent Statement form included in this packet. **Income Source includes the gross income from the following sources: Wages, SSI, SSA, Disability Income, Worker's Comp, VA benefits, Retirement/Pension, Child Support, Alimony, Unemployment, Dividends, Annuity Payments, (Gross: Self-Employment Income, Rental Income, Partnership Income), Interest, Sale of Stocks, Foster Care of Adoption Income**

Name	SSN Last Four Digits	Relationship to Applicant	Date of Birth	Income Source	Gross Income (Monthly)
Guarantor					\$
Spouse					
Dependent					
Dependent					
Dependent					
Dependent					
Total Income					\$

Assets and Approximate Value (Stocks, Bonds, CDs, Money Market Accounts, Property, Business, etc.)

Asset	Value
\$	\$
\$	\$
\$	\$

Total Monthly Expenses:

I, the undersigned, do hereby certify that I have read or had read to me all of the statements on this application and that the information I have provided is true and accurate to the best of my knowledge and agree to report any changes.

I further authorize the release of any information, including financial information, needed to determine my eligibility for the MUSC Health Financial Assistance Program. I understand and hereby further authorize the Medical University of South Carolina, the Medical University Hospital Authority, Medical University Physicians, their affiliates, their collection agencies or attorneys to verify the information contained in this application, including obtaining and reviewing my credit reports or that of the patient, guarantor and/or responsible party. **I understand that I may be asked to provide additional supporting documents to verify my South Carolina residency, the number of dependents I am claiming and proof of income to aid in the determination of my financial status.**

I understand that my eligibility for this discount program is for a one (1) year period contingent upon maintaining eligibility. I must reapply to renew past this coverage year. I also understand that any discount may be withdrawn should my financial condition change.

Signature _____

Date _____

Please sign and date this application.

Mail this completed form with required documentation (see list below) to: MUSC Health, 1 Poston Road, Suite 350, Charleston SC 29407

Approved Document List for the Financial Assistance Program

- I. **IDENTITY: (PROVIDE ONE OR MORE) – must have applicant's picture**
 - South Carolina driver's license
 - State I.D. card (from any state)
 - Employee badge
 - Alien registration card or resident visa, green card
 - Passport
 - Student I.D. card or Military I.D. card

- II. **RESIDENCY: (PROVIDE ONE OR MORE) – must have current address**
 - Current South Carolina driver's license
 - Current utility bill or utility receipt (no more than 30 days old) - gas, water, electric, cable, or land line telephone or cellular telephone
 - Social Security award letter or current check stub
 - Current Medicaid eligibility letter
 - Current complete bank statement, current complete savings statement
 - Current billing statement or business mail from county or city tax notices
 - Current rent receipt or lease agreement which indicates address
 - Voter's registration card
 - Vehicle registration
 - Mortgage documents or Loan documents (car, boat, etc.)
 - Current military orders detailing active duty assignment in South Carolina or letter from your Military Base Commander verifying duty station in South Carolina
 - If you are living with a relative or friend, you must have the Support/Provider Statement attached completed, along with any proof of residence listed above

- III. **DEPENDENTS: (INCLUDING SPOUSE AS A DEPENDENT) –**
IF NOT SHOWN ON TAX RETURN, PROVIDE ONE OF THE FOLLOWING:
 - Current Medicaid eligibility letter
 - Social Security card(s)
 - Immunization record
 - Birth Certificate(s)
 - Custody records or legal guardianship document
 - School records
 - Any reasonable document which shows the parent (guardian)-child relationship

- IV. **INCOME: (PROVIDE ALL THAT APPLY)**
 - One month of pay stubs (if paid weekly provide the four (4) most recent paycheck stubs; two (2) stubs if paid biweekly; one (1) stub if paid monthly OR current letter from employer on company letterhead OR fill out the Employee Verification Statement attached
 - Most recent, complete bank statements (current checking, savings, interest income, trusts or dividends)
 - Current retirement income check stub(s), pension or annuity income
 - Current Social Security award letter OR Disability Benefit Award Letter for both spouses and any children
 - Current Veterans Administration award letter(s)
 - Current child support statement (stub(s) or divorce decree) OR complete the Alimony/Child Support Statement attached
 - Current documentation from the South Carolina Employment Commission showing weekly benefits or denial of benefits
 - Current previous year 1040 Federal income tax form with ALL Schedules and attachments
 - Current letter of support from civic organization, church group or other organization on organization's letterhead
 - Current Support/Provider Assistance Statement attached, if unemployed
 - Current proof you are receiving Subsidized Section 8 housing, current food stamps award letter
 - Employment status statement attached

We appreciate the opportunity to assist you and request that you gather the requested documentation quickly, as the application must be returned **completed** with **all** paperwork within thirty (30) days.