



Financial Assistance Application

Please enclose with your application:

- Most recent IRS form 1040
- Last 3 months pay stubs from all working household members
- Copy of food stamp award
- Last 3 months bank statements and brokerage statements
- Letter of support
- Proof of residency

Account #	
Date(s) of Service	

The purpose of this form is to provide the Financial Counseling Department with the information required to determine the patient's eligibility for financial assistance with their CH Patient bill(s). To ensure a complete and thorough evaluation, please complete this form in its entirety.

Patient Demographics			
Patient's Full Name (Last, First Middle)	Date of Birth	Social Security#	Marital Status
Physical Address	City, State and Zip Code		County
Mailing Address (If different from above)			
Home Phone#	Mobile Phone#	Citizenship Status	Lived in U.S. Since

Guarantor Demographics			
Guarantor's Full Name (Last, First Middle)	Date of Birth	Social Security#	Marital Status
Physical Address	City, State and Zip Code		County
Mailing Address (If different from above)			
Home Phone#	Mobile Phone#	Citizenship Status	Lived in U.S. Since

Please list all household members below (Other than Patient/Guarantor listed above)				
Name	Date of Birth	Place of Birth	Relation to Patient	Dependent? Yes/No

Employment/Income	Patient (mother if patient is a minor)	Spouse (father if patient is a minor)
Employer		
Dates of Employment		
Currently Unemployed (check box if Yes)	<input type="checkbox"/> Currently Unemployed	<input type="checkbox"/> Currently Unemployed
Gross Monthly Income amount \$		
Income Source (Please attach verification or explanation)		
If no income how do you support yourself?		
Do you have an active bank account?		
If you have become unemployed in the last 90 days, please provide: Name of last employer, dates of employment, Insurance carrier during that employment, Are you eligible for COBRA benefits?		

Health Insurance Information		
Does your current employer offer health insurance	Yes	No
Do you have any health insurance	Yes	No
Name of Insurance Company		

Acknowledgement and Signatures		
I hereby certify that the information provided in this Patient Financial Statement is true, accurate and complete to the best of my knowledge. I hereby authorize the Hospital to contact any person, firm or organization to verify any of the information given and I hereby authorize any such person, firm or organization to release to the Hospital any financial information it may request.		
Signature	Relationship to Patient	Date
Witness Signature	Relationship to Patient	Date

Mail Completed Application to:
Cone Health Business office Attention: Customer Service
1200 N. Elm, Greensboro, NC 27401



REQUIRED DOCUMENTS:

PROOF OF ADDRESS: PLEASE PROVIDE ONE OF THE FOLLOWING

- Driver's license / picture ID card or passport (not expired). No temporary IDs accepted.
- Current lease
- Invoice of utility with the name of the patient and or spouses; example: power, water, phone or gas.
- Letter from IRC (407 E. Washington Street, Greensboro, NC 27401 (336-332-0824) stating homeless

PROOF OF INCOME: ALL THAT APPLY

- 3 most recent pay stubs for patient and spouse
- Full tax return for the previous year of presentation including all attachments and schedules
- Non filing status letter from IRS (4905 Kroger Blvd, Greensboro 844-545-5640) if you did not file tax income form the previous year.
- Disability award letter
- If college student - provide letter (to include money received, cost of tuition and books)
- Notarized letter of support if there is no income.
 - Please include: name of the person providing support, and how they are assisting. This includes current address, daytime contact number and their signature.
- Letter of award for food stamps
- Letter of social security benefits

PROOF OF ASSETS: ALL THAT APPLY

- Last 90 days of complete checking and savings statements (this includes all bank accounts in the patient/spouse's name)
- Policy of whole life insurance showing cash value
- Pension statements, 401K statement with current value