

# EVANS MEMORIAL HOSPITAL

## Instructions for Completing Charity Care Application

1. Fill out both sides of the form.
2. Mail completed application and supporting documents to the address below or bring your application to:

Evans Memorial Hospital  
200 North River Street  
Claxton, GA 30417  
Attn: Patient Financial Services

If submitting documents separate from the application, please include a cover letter that provides the patient's name and date of birth in order for us to match them with the application.

3. Attach a copy (do not send originals) of the following documents:

### Required documents for all applications:

#### A. Proof of household income must be at least one of the following:

- A copy of four most recent pay stubs of all employed in the household. If no pay stub available, please provide a notarized letter from employer.
- If self-employed, a copy of most recent federal income tax filed.
- Proof of workers compensation, sick leave, disability compensation, welfare, or social security retirement (SSI not included in income determination).
- If you have no income at this time, provide a signed and notarized letter from the person who provides room and board for you and your family, if applicable.

#### B. Proof of home address must be at least one of the following:

- Valid Georgia driver's license
- Georgia identification card
- Current utility bill
- Lease or rent receipts showing evidence of county of residence
- County property tax assessment,
- County food stamp letter
- Voter registration card

### If applicable, also submit these documents:

- If you are not married but there are children in common, you must provide entire household income. Any child support or alimony received must also be included.
- If you are still legally married but separated, you must provide legal documentation of separation or spouse's income.
- If you lost your job within the last three months, you are required to provide a separation letter from your past employer. Additionally, you must provide a letter from your local Georgia Department of Labor Career Center specifying whether or not you are receiving unemployment benefits.
- If you have listed any children on your application other than biological or stepchildren, you must provide legal documentation to this effect.

You will receive a response from us in the mail whether approved or denied within 30 days. If you do not receive notification within 30 days, you are welcome to call (912) 739-5026 for a status update on your application. If you feel that it is necessary to meet with a Financial Counselor after you have received notification, please call (912) 739-5026 to make an appointment. Appointments can be made Monday-Friday from 9 AM-12 PM and 2-3 PM.

By completing this application, you agree:

- To apply for Medicaid or any other type of potential coverage available to pay for your care.
- That all of the information provided is accurate and complete and will be verified. Providing false information, including incomplete information or documentation, will result in a denial of charity. Additionally, NGHS reserves the right to reverse any charity if information is found to be false after charity has been approved.
- To provide all information within 30 days of submitting an application, or the application will be closed and denied.