

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 worker's 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) 739-5003 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) 739-5003 to make an appointment. Appointments can be made Monday-Friday from 9 AM-1 PM and 2-5 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.