

# **CHARITY CARE REQUIRED DOCUMENTATION CHECKLIST**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**FACILITY**

\_\_\_\_\_  
**MR#**

\_\_\_\_\_  
**PATIENT NAME**

\_\_\_\_\_  
**DATE OF SERVICE**

In order for \_\_\_\_\_ to consider your application for Charity Care, the Department of Health Require that the following information is secured before a determination is made. Please provide our office with the items checked below as soon as possible.

\_\_\_\_\_ **IDENTIFICATION:** Birth Certificate, Social Security Card, Driver's License, Alien Registration, etc.

\_\_\_\_\_ **PROOF OF RESIDENCY:** from \_\_\_\_\_. Driver's License, Utility Bill, Copy of lease/Mortgage Statement, State of Support from Caretaker, etc.

\_\_\_\_\_ **PROOF OF INCOME:** from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ **Wages:** Copies of paystubs or statement from employer on company letterhead with gross weekly, biweekly, or monthly income including date of hire/term or any health coverage information.

\_\_\_\_\_ **Unemployment:** Stubs /Printout from the office.

\_\_\_\_\_ **Social Security/Pension award letter**

\_\_\_\_\_ **State/Private disability award letter.**

\_\_\_\_\_ **Public Assistance/Child Support/Alimony Verification Letters from City or County agency.**

\_\_\_\_\_ **Rental Income:** Copy of lease from tenant.

\_\_\_\_\_ **Self-employment:** Profit and loss statement prepared by an Accountant for applicable time frame

\_\_\_\_\_ **Statement of Support:** must include the name and address of the caretaker and the dates the caretaker provided for the patient.

\_\_\_\_\_ **PROOF OF ASSETS:** from \_\_\_\_\_

\_\_\_\_\_ Checking & Savings Accounts: Please submit a copy of bank statement which covers the above date.

\_\_\_\_\_ Passbook Savings Account: copy of entire book from beginning to end.

\_\_\_\_\_ **PLEASE SIGN ATTACHED DOCUMENTS:**

\_\_\_\_\_ **Charity Care Application**

\_\_\_\_\_ Patient/Other Resp Party Certifications, if applicable

\_\_\_\_\_ No contact Attestation, if applicable

\_\_\_\_\_ Spouse/Other Resp party Certifications, if applicable

\_\_\_\_\_ Affidavit of Separation, if applicable

\_\_\_\_\_ Other, if applicable

When all of the required information has been received in our office, your account will be considered for Charity Care. If you have any questions or problems regarding your application, please feel free to call **888-625-2890**

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