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Financial Assistance Application Instructions

Step 1:

- A. Go to the Department of Social Services and apply for Medicaid. They will determine if you are eligible to receive Medicaid benefits.
 - Alleghany County Department of Social Services, 336-372-2411
 - Grayson County Department of Social Services, 276-773-2452
- B. If you are **NOT eligible**, obtain a Medicaid denial letter.
- C. The letter is to be attached to the financial assistance application.
- D. Proceed to Step 2.

Step 2:

- A. Complete the financial assistance application (attached, page 2), sign, and date.
- B. Please note: The application must be fully completed before your request can be considered.

Step 3:

- A. Return completed application to:

Alleghany Health Financial Counselor/Sara Yager
233 Doctors St
Sparta, NC 28675
Phone: 336-372-3299
Fax: 336-372-6032
- B. Financial assistance requests for elective procedures will be processed according to Alleghany Health policy, and a decision relayed back to requestor within 10 business days.
- C. Financial assistance requests for non-elective procedures will be processed within 30 days of date of service.

ALLEGHANY HEALTH

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Patient Name: _____

Household size: _____

Guarantor's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Signature of Applicant: _____

Income Verification:

The financial assistance application must include the following for **each adult member of the household:**

- **A complete copy of 2018 tax return, including copy of W2 form.** If no tax return then copies of pay check stubs for the past three months or 2019 Social Security info.
 Yes NO N/A
- If you are unable to produce pay check stubs, then documentation from your employer on **company letterhead and signed by your employer** stating what you have earned for the past three months.
 Yes NO N/A
- **Checking and savings account statements for the past three months.**
 Yes NO N/A
- If you are self-employed, include a copy of last year's tax return including copy of **Schedule C.**
 Yes NO N/A

For Financial Counselor use only:

Account Number: _____ Amount of Discount _____

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Account Number: _____ Amount of Discount _____

Account Number: _____ Amount of Discount _____

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