



Wills Memorial Hospital

Dear Patient:

This letter includes important information for you about how to get help with your hospital and medical bills. The Financial Assistance Plan includes assistance with hospital and medical bills for applicants who qualify and includes applying for programs like indigent care, charity care or Medicaid.

If you would like to apply for financial assistance at the Hospital Authority of Wilkes County, please complete the attached application. In addition, we will need some supporting documentation to determine whether you qualify. The items below are the basic requirements; however, during the interview process it may be determined that additional information is required.

Verification of your household include:

- ✓ Last three months of check stubs, or verification of wages on a company letterhead.
- ✓ Last three months of bank statements, if applicable.
- ✓ Copies of Social Security checks or a letter from the Social Security Office showing amount, or documentation of amount, received from any other pension source.
- ✓ Last year's federal or state tax returns.

Additional Information:

- ✓ Valid driver's license or state issued identification card with photo
- ✓ Food Stamp letter, if applicable
- ✓ Any records demonstrating all child support due and received, if applicable
- ✓ Income of all household family unit members responsible for the patient's medical bills. The family unit consists of individuals living alone; and spouses, parents, and children under age 21 living in the household.

Proof that you are a Georgia resident (present one of the following):

- ✓ Utility bill
- ✓ Telephone bill
- ✓ Rent/mortgage receipt
- ✓ If you live with someone, please provide a letter from that person stating your residency and the amount of rent you pay.

Financial Assistant Plan Application: Once you complete the application and have copies of all required supporting documentation, please mail the enclosed application with copies (do not mail original versions) of supporting documents to:

Wills Memorial Hospital
Attn: Financial Assistance Program
120 Gordon Street
Washington, GA 30673

Instead of mailing the application to us, you may also call our office at 706-678-9333 to schedule an appointment with a financial counselor to discuss your application. The applicant will be required to have completed your application and present supporting documents prior to meeting with a Financial Counselor. If applicant does not supply Wills Memorial Hospital with a completed application and all supporting documents, the application will not be processed. Please be aware that once WMH receives a complete application with all required supporting documentation, it will take up to five (5) business days to determine whether the applicant qualifies for financial assistance.

Thank you for trusting the Hospital Authority of Wilkes County with your health care needs.

Financial Counselor
706-678-9333
Fax 706-678-3986

Addendum 1 - WMH FAP Plain Language Letter