Tanner Health
705 Dixie Street
Carrollton, GA 30117
www.tanner.org

Tanner Medical Center's Financial Assistance Application

Tanner Medical Center (TMC) knows that medical bills can become a hardship. To help patients who cannot afford to pay medical bills, TMC offers a financial assistance program. TMC encourages patients who are having a difficult time paying bills to apply for our program.

The preferred and quickest way to complete and submit your financial assistance application is using the Epic MyChart app, where you can also upload documents. However, you can print the form, fill it out by hand, and mail it to our business office.

In addition to completing an application, you must include certain documents with your application, whether you send it online or by mail.

- **Federal Tax Return (Form 1040)**
- **3 Recent Bank Statements (include checking and savings)**
- **Asset Verification for real estate/properties, IRAs, CDs, Stocks, and/or Bonds**
- **Proof of Income (include all that apply) for all household members**
  - ☐ 3 current paycheck stubs
  - ☐ Social Security/Disability/VA Monthly Income or direct deposit
  - ☐ Unemployment income verification from GA DOL MyUI Claimant Portal
  - ☐ Child Support verification via court documents
  - ☐ Food Stamps verification from GA Gateway account
  - ☐ Worker's compensation income and/or settlement documents
  - ☐ Other sources of income such as rental property, pension, etc

You must send all required documents within 30 days after TMC gets your application. If not, your application will be denied.

To avoid this, make sure your application is complete before sending it. Gather all the necessary documents and respond quickly if our financial team contacts you for more information.

If your application is denied because it's incomplete, you can apply again once you have everything.

If you don't have insurance, your account will be sent to FirstSource, a free service that checks if you qualify for Medicaid or other programs. If you're approved for financial help, you must work with FirstSource if they reach out.

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Tanner Health Financial Analysis for Credit ☐ *eligible for Medicaid*

Date: _____ Dependents in Household: _____

Patient: _____ _____

Guarantor Information

Name: _____ # in Household: _____

Address: _____ SSN: _____

City: _____ State: _____ Zip: _____ Rent/Own: _____

Phone #: _____ How long at this address: _____

Employer: _____ How Long: _____ Position: _____

Employer Phone: _____ Contact Person: _____

Spouse, Parent, or Other Relative

Name: _____ Relationship to Patient: _____

Address: _____ SSN: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employer: _____ How Long: _____ Position: _____

Employer Phone: _____ Contact Person: _____

Financial Information

Checking Account Bank: _____ Acct #: _____ Balance: _____

Savings Account Bank: _____ Acct #: _____ Balance: _____

IRA/CDs: _____

Assets

House/Property: _____ Balance: _____

Land/Propery: _____ Balance: _____

Auto: _____ Balance: _____

Stocks/Bonds: _____ Balance: _____

Insurance Information

Primary Ins: _____ Policy # _____ Phone: _____

Secondary Ins: _____ Policy # _____ Phone: _____

Private Policies: _____ Policy # _____ Phone: _____

(AARP, cancer, etc.) _____ Policy # _____ Phone: _____

I, _____ attest that the information provided on the Financial Analysis form completed by me, or someone on my behalf, is accurate to the best of my knowledge. I authorize Tanner Health to obtain any financial or other information necessary to make an accurate determination of my ability to pay. Further, I authorize Tanner Health to access my credit bureau file if deemed necessary.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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Financial Assistance Policy Terms and Conditions

By signing below, I confirm that I understand and agree to the following:

- I agree to give complete income information for all household members and to send all required documents on time. If TMC discovers any information I have provided to be false or fail to provide information, I understand that my application and/or approval status will be denied.

- **FirstSource (Medicaid Help):** If FirstSource contacts me, I must complete their screening or application. If I don't, Tanner Medical Center (TMC) will not approve or continue my financial assistance.

- **Liens or Legal Claims:** Financial assistance does not apply to accounts with court-filed liens. These must be settled in court or paid in full.

- **Changes in Income or Assets:** I must tell the Business Office if my income or assets change during the one-year assistance period. If my income increases and no longer qualifies, my financial assistance may be canceled early.

- **Hospital vs. Independent Providers:** Some doctors at TMC may not work for the hospital and may bill separately. TMC financial help only covers hospital bills. I can share my approval letter with other providers, but they do not have to accept it.

- **Elective or Non-Medically Necessary Procedures:** Financial assistance does not cover elective procedures (like cosmetic surgery) or care without a medical need. These are also not covered by insurance, and I will need to pay the full cost.

_____ _____

Patient/Responsible Party ***Date***

_____ _____

Responsible Party (if different from patient) ***Date***

_____ _____

Witness ***Date***