

Ballad Health Application for Financial Assistance

Application Date: _____ Patient's Name: _____

Last Four of Social Security #: _____ DOB: _____ Guarantor #: _____

Account Number(s) _____, _____, _____, _____

Please provide all documentation listed below that applies. Sign and return to the address listed below. Documentation should include all family members in the household.

Required Documentation (*Do not send originals * Please use black ink)

- Last two years of Federal Tax Returns are required. If you did not file taxes, you must provide a 4506-T form from the IRS.
- W-2 and last 3 pay stubs.
- If you are drawing Social Security, Disability, or a Military Pension, you will need to provide the benefit letter.
- Retirement income, pension, annuity, short/long term disability, or worker's compensation.
- If you receive Food Stamps, please provide a copy of the approval letter.
- Stocks, Bonds, CD's and Mutual Funds
- If you own your home, you must provide copies of your most recent mortgage statement.
- Provide the most recent copy of your checking, savings, and Health Savings Account. Include all pages of the statements.
- Medicaid approval or denial letter.

Determining Eligibility

Ballad Health will determine financial assistance eligibility based on Federal Poverty Income Guidelines and assets.

Continued Collections During Your Application Process

Please note that collection actions on your account will be suspended during the consideration of a completed charity application. You will have 30 days from the date of the financial application to provide all supporting documentation or your account.

If you need assistance in completing this application, please visit a Ballad Health facility, or call 888-288-5174 Monday – Friday, 8:00 a.m. to 4:30 p.m.

Mailing Address:

Ballad Health
Po Box 746465
Atlanta, Ga 30374

