



Financial Assistance Documents

Dear Patient / Guarantor,

Thank you for choosing Pioneer Community Hospital of Stokes for your healthcare needs. The Business Office and Patient Financial Services department would like to assist you with your financial obligation, by offering the Financial Assistance Application. If you have any questions about the required documents or the application please feel free to ask an Admissions representative, or you may call our Business Office Manager, at (336) 593-2831. You may also call the Patient Financial Services Department at (601) 849-1682.

Please return the completed, signed and dated application along with the list of required documents (see below) to Pioneer Community Hospital of Stokes or the Patient Financial Services Department within 2 weeks. Your application is due by

_____.

If you have circumstances you feel are important to your financial situation, please include a signed letter of explanation with the documents.

Required:

- a. Medicaid Denial Letter if requested by facility or PFS.
- b. Last years tax returns including W2s /1099s / Schedule C
- c. Proof of income
 - * If working, paycheck stubs for the previous month
 - * If unemployed and receiving unemployment check, provide check stub or unemployment compensation determination letter
 - * If income is from a retirement fund, pension, rental property, etc. provide proof of the source and amount of income received.
- d. If income has changed since last tax return, provide a written explanation.
- e. Proof of disability / physicians work order restriction.
- f. Outstanding medical bills other than bills at Pioneer Community Hospital of Stokes
- g. Rent or mortgage payment receipt for one month
- h. Utility bills; gas, electric, water and sewage
- i. Three months bank statements (checking and savings)