



FINANCIAL COUNSELING DEPARTMENT FINANCIAL ASSISTANCE PROGRAM REQUIREMENTS

The Financial Assistance Program is for residents of Fulton or DeKalb County who are uninsured, underinsured, not eligible for any assistance programs or unable to pay for the cost of healthcare. If you are not able to pay for all or part of your healthcare, you may be eligible for free or discounted services. To determine your eligibility for financial assistance, please complete the Financial Assistance Application and provide proof of residence, income and family size.

This form serves as information to you about documents that are necessary to determine if you meet the requirements for financial assistance. Eligibility for assistance cannot be approved until all required documents are received as outlined below and reviewed to determine your financial responsibility (**"Patient's Share"**).

If your financial circumstances should change prior to the expiration date, you may provide supporting documents and request a review at anytime. If your care is being provided at Grady Memorial Hospital located at 80 Jesse Hill Jr. Dr., Atlanta, Georgia, 30303, you may apply for financial assistance in the Main Financial Counseling Office, on the ground floor inside GA026. The hours of operation are Monday – Friday, from 7:00 a.m. – 4:00 p.m. For more information about the Financial Assistance Program, please feel free to visit us at gradyhealth.org/billing-and-insurance or call 404.616.6920 or 404.616.6923.

To best serve you, please call Central Scheduling at 404.616.1000 to schedule a Financial Assistance appointment.

Staff: Please check (√) all applicable documents:

1. Proof of Identity

Please bring the original or certified copies of acceptable identification and documentation to verify proof of identity, which includes, but is not limited to the following:

- a. _____ Driver's License (Georgia), State of Georgia ID Card, Any Consular or School Picture ID
- b. _____ Visa or Resident Alien Card or other immigration documents issued by the U.S. Government

2. Proof of Residency: **One to three** of the following showing your **current** street address is required to prove residency for at least 30 days from the application date (a PO Box address and junk mail does not demonstrate residency):

- _____ a. One to three utility bills such as power bill, gas bill, water bill and/or telephone bill
- _____ b. Lease Contract
- _____ c. Rent Receipt (showing current address)
- _____ d. Food Stamps Letter
- _____ e. Current Issued Voter's Registration Card
- _____ f. Other business documents that verify your place of residency, such as, credit card statements, IRS, Medicaid letters, student letter from school, cable bill, cell telephone bills, bank statement, mortgage statement, check stubs showing your address, etc.

3. Proof of income: Provide all proof documents that apply:

- _____ a. One to three current pay check stubs (patient and spouse)
- _____ b. Social Security Administration Letter Current Year
- _____ c. Unemployment Claim, Department of Labor Wage Inquiry, if applicable or recent bank statements, if patient is living off savings
- _____ d. A letter from employer on company letterhead stating the rate of hourly pay, the total amount paid each pay period and how often the employee is paid
- _____ e. Any decision letters indicating the patient is receiving unemployment compensation, Medicaid, Social Security disability, General Assistance, workers compensation or retirement plan
- _____ f. Food Stamps Letter and pay check stubs (if applicable)
- _____ g. Verification of homelessness or a letter from a shelter on company letterhead
- _____ h. Other business documents showing how the patient is being supported

4. Proof of number of dependents - **one** of the following is required as proof of the number of dependents:

- ☐ a. Previous year's Income Tax Return (most recent)
- ☐ b. Any decision letters indicating that the patient has legal responsibility for the child, such as, court ordered guardianship papers or custody papers
- ☐ c. Birth Certificate for each child age 18 and younger

If you are a patient at one of the Neighborhood Health Centers, you may apply for financial assistance at the center where you receive healthcare. Please review the list of Grady centers below and call the center to schedule a Financial Assistance appointment or you may call Central Scheduling at 404.616.1000 to schedule a Financial Assistance appointment:

Asa G. Yancey Health Center

1247 Donald Lee Hollowell Parkway, NW
Atlanta, GA 30318
Monday - Friday
7:30 a.m. – 5:00 p.m.
Phone: (404) 616-2265 / Fax: (404) 616-2825

East Point Health Center

1595 W. Cleveland Ave.
East Point, GA 30344
Monday, Wednesday, Thursday & Friday
8:00a.m. – 5:00 p.m.
Tuesday
8:00 a.m. – 7:00 p.m.
Phone: (404) 616-2886 / Fax: (404) 209-1769

Kirkwood Family Medicine

1863 Memorial Drive SE
Atlanta, GA 30317
Monday, Tuesday, Thursday & Friday
7:00 a.m. – 5:00 p.m.
Wednesday
10:00 a.m. – 7:00 p.m.
Phone: (404) 616-9304 / Fax: (404) 616-9333

Brookhaven Health Center

2695 Buford Highway, NE
Suite 200
Atlanta, GA 30324
Monday - Friday
8:00 a.m. – 5:00 p.m.
Phone: (404) 616-6999 / Fax: (404) 489-6320

North Fulton Health Center

7741 Roswell Road
Sandy Springs, GA 30350
Monday - Friday
8:00 a.m. – 5:00 p.m.
Phone: (404) 612-2273 / Fax: (770) 594-7244