



254 Easton Avenue, P.O. Box 593
New Brunswick, New Jersey 08903-0593
732-745-8600

PATIENT NAME	
APPOINTMENT DATE / TIME	
FINANCIAL COUNSELOR	
DATE OF SERVICE	
ACCOUNT NUMBER	

REQUIREMENTS FOR CHARITY CARE

- **IDENTIFICATION:**

Example: Birth Certificate, Social Security Card, Driver's License, Green Card, Passport, Marriage Certificate, etc.

- Patient
- Spouse
- Children

- **PROOF OF RESIDENCE:** At least ONE-DAY prior to _____

Example: Lease, Utility Bill, Postmarked envelope, etc.

- **RECENT TAX RETURNS (Both State and Federal)**

- **SUPPORT LETTER:**

Please indicate the date you moved into your current residence to "present": (Do Not write the date).

- **INCOME: ONE MONTH (1) PRIOR TO _____ (PATIENT)**

Example: Pay Stubs, Letter from Employer, Unemployment Stubs, Social Security printout, Pension Check Stubs, etc.

NOTE: If you submit a letter from your employer, the letter must include the following: Gross, Weekly / Bi-weekly / Monthly salary, your date of hire, and the hours during each pay period. In addition, the letter must be on company letterhead OR if unemployed, sign the enclosed attestation.

- **INCOME: ONE MONTH (1) PRIOR TO _____ (SPOUSE / PARENT)**

Example: Pay Stubs from Employer, Letter from Employer, Unemployment Stubs, Social Security printout, Pension Check Stubs, etc.

NOTE: If you submit a letter from your employer, the letter must include the following: Gross Weekly / Bi-weekly / Monthly salary, your date of hire; and the hours during each pay period. In addition, the letter must be on company letterhead OR if unemployed, sign the enclosed attestation.

- **PROFIT AND LOSS STATEMENT:** Exactly three (3) months prior to the date of service.

If you are self-employed the State requires a Profit and Loss Statement that must be drawn up by a CPA.

Example: If your Date of Service is 11/20/00, the Profit and Loss Statement must be dated 08/20/00 - 11/20/00.

- **ASSETS: ON THE DATE OF SERVICE** _____ (Patient / Spouse / Parent)
Example: Mutual Funds, Life Insurance, Real Estate Equity other than primary residence, 401K, Statement from bank or letter / printout from Bank stating account number; who is named on the account and balance on the above date. The letter / printout must either be on bank letterhead or have the bank's stamp on it OR if NO assets, sign the enclosed attestation.
- **FINANCIAL AID AWARD LETTER:** (Full Time Student)
If the patient (or any family member) is a full time student, please provide proof of financial aid.
- **INTENT TO STAY:** Please indicate the date you came to New Jersey and sign where indicated.
- **CHILD SUPPORT: IMMEDIATELY PRIOR TO** _____
Example: Child Support Stubs from Probation Office, Divorce Decree (if it states how much and how often Child Support is received), or a letter stating no Child Support is received.
- **COPY OF INSURANCE CARDS:**
Example: Medicare card, Student Health Insurance card, Medicaid card, primary / secondary health insurance, etc. (If your child is eligible for Medicaid but does not have it, please go to the Board of Social Services in your county to apply.)
- **DIVORCE DECREE OR FIVE (5) POINTS OF SEPARATION:**
 - Proof of separate property
Example: Lease, Mortgage Note, Support letter which we will supply.
 - Proof of separate assets
Example: Statement / printout from bank or attestation declaring no assets.
 - Tax Return stating single filing or attestation declaring no income taxes were filed.
 - No contact / no financial ties letter. Must state no contact and financial ties for (#) of years or months.
NOTE: LETTER DOES NOT HAVE TO BE NOTARIZED.
 - Copy of marriage certificate.
- **PLEASE APPLY FOR THE FOLLOW PROGRAMS:**
 - NJ FAMILY CARE - (800) 701-0710
 - NJ FAMILY CARE (MEDICAID OFFICE) - (732) 745-3500
 - EMERGENCY MEDICAID (PA1C required for Emergency / Labor & Delivery).
 - UNION COUNTY BOARD OF SOCIAL SERVICE (MEDICAID OFFICE) - (908) 781-7000.

FINANCIAL COUNSELING SERVICES ARE BY APPOINTMENT ONLY

Appointment times are Monday - Friday 8:00 am - 3:00 pm

(To schedule an appointment, please call (732) 745-8600 extension 7801 between 9:00am-5:30pm)

PLEASE BE ADVISED THAT IF YOU ARRIVE MORE THAN 15 MINUTES LATE, YOUR APPOINTMENT WILL BE RESCHEDULED.