



GARRETT REGIONAL
MEDICAL CENTER

Dear Sir/Madam:

Garrett Regional Medical Center (GRMC) is pleased to offer financial assistance to individuals of our community who may need help with the payment of charges for medical services obtained at GRMC regardless of whether you do or do not have insurance.

The following information is **required** to determine your eligibility:

1. Your Medical assistance status.

To apply for Medicaid of Maryland call 855-642-8572 or go online at www.marylandhealthconnection.gov

You may also contact either Social Services at 301-533-3000 (aged, blind, disabled) or Healthy Families at 301-334-7720.

(Out of state patients may contact their local health department.)

2. Your proof of income:

If you are on a fixed monthly income please include a copy of your Award Letter or a current bank statement.

If you are Self Employed, please include a copy of your current Federal Income Tax form 1040 along with the Schedule 1, C or C-EZ Profit or Loss from Business form, Schedule E or Schedule F (whichever is applicable).

If you are Employed, please include either a copy of your Current Federal Income Tax form 1040 (with appropriate Schedule attached) or a copy of your paystubs for the last 3 months (either 6 bi-weekly or 12 weekly).

If you are Unemployed, please include a copy of your Initial Award Letter or bank statement or Webcert information.

To save time processing your application, remember to only include under Household Members yourself, wife/husband, children or those you can claim on your Federal Income Tax form and return the form within 30 days. Be sure to complete the application in full (front and back) as well as sign and date it.

Once your application is received, please allow 7-10 days for processing. You will receive a letter indicating your Care Program Application status at that time.

In addition, we will be sending you a business card showing your eligibility to the Caring Program. When you come into the hospital and register for services, please show the business card to the registration clerk and she will set up the Caring Program on your account.

If you have any questions about the completion of the financial assistance process, please do not hesitate to contact me at the number below.

Last name beginning with	A-GP	call Brenda	301-533-4213
	GR-PA	call Trisha	301-533-4211
	PB-Z	call Christie	301-533-4354

Note: Your application cannot be processed without your proof of income and Medicaid denial letter.