



FINANCIAL ASSISTANCE APPLICATION CHECKLIST

Due Date: _____ MRN: _____

Provide copies of documents, as originals cannot be returned.

ALL APPLICANTS MUST APPLY FOR MEDICAID REGARDLESS OF PRIMARY INSURANCE

- _____ Provide a copy of your Medicaid decision letter (all pages) with your application or documentation from contractor that assists patient with government assistance. The letter/documentation must be dated within the last 90 days and must state reason for denial.
- _____ Provide a copy of your most recent 1040 Income Tax Return Form
- _____ If you do not file tax returns, complete the attached 4506 – T Form
- _____ Copies of pay stubs for the last 30 days
- _____ Current Social Security Award Letter
- _____ Pension benefits letter, Dividend / Interest Statement
- _____ Unemployment Benefit Letter
- _____ Workers Compensation Benefit Letter
- _____ If you have no income please have the attached letter of support filled out by the person or persons assisting you.
- _____ Copies of any outstanding medical bills (non WVU Medicine providers)
- _____ Prescription Drug List with prices from the pharmacy (Pharmacy Receipt Print-Out required)
- _____ Current Bank Statement for all Checking and/or Savings Accounts
- _____ Current Investor Statement for all CD's / Stocks / Bonds
- _____ Alimony documentation

Please legibly complete the entire application. Attach the requested documentation and return it to your financial counselor at the address listed on the application.

*****If you do not submit a complete Financial Assistance Application or do not include requested information by the due date, it could potentially delay the process or provide cause for denial. *****