



**Enclosed is your application for Financial Assistance.
Please make sure to fill out the application in its entirety.**

At Ellenville Regional Hospital, we try to make the Financial Assistance application process as easy and convenient as possible. We ask that you please be sure to enclose ALL requested income information before submitting your application, as your application will not be processed without the required information.

Furthermore, we encourage you to submit this application and ALL required documents within 20 days, so we can review and adjust your accounts accordingly. A written conditional / final determination of your eligibility will be made within 30 days following receipt of the completed application. Questions should be directed to the Patient Finance Office at (845) 210-4930. Once you have submitted this application, please disregard any bills until you receive our response.

Should you have any questions regarding the Financial Assistance process, please contact any of the Billing Representatives Monday - Friday, 8:00am-5:00pm at (845) 210-4930. We are available and happy to assist you!

The following documents are needed to support the Financial Assistance application:

*(Please note that if you are applying for a child/minor, the information requested is for
THE PARENT/GUARANTOR or the LEGAL GUARDIAN)*

1. **Photo ID** (License, Passport, Work ID or Student ID)
2. **Proof of Residence** (Utility bill, letter from landlord or person you are living with and a bill for them, rent receipt, mortgage papers or lease papers)
3. **Proof of All income for everyone in your household older than 18 years of age** (includes spouse & non-student children, 18-21yrs.)
 - **Current pay stubs** (2) if paid bi-weekly, (4) if paid weekly
 - **Self-employment**- A letter from the person(s) you've worked for in last 30 days.
 - **Unemployment**- Print-out of unemployment benefits, proof of having applied, or a letter of support from the person(s) you live with
 - **Social Security**- Year-end statement, recent benefit statement with monthly amount received, or Social Security Award Letter.
 - **Pensions and Other Income**- Retirement payments, monetary payments from former employer, Interest income, Rental Income, etc.
4. **Current bank statement(s)**
5. **Medicaid Denial Letter (if applied and received)**