



Dear Patient,

This letter includes important information for you about how to get help with your hospital and medical bills. The Financial Assistance Program includes assistance with hospital and medical bills for applicants who qualify and includes applying for programs like indigent care, charity care, or Medicaid.

If you would like to apply for the Financial Assistance Program at the Hospital Authority of Miller County, please complete the attached application. In addition, we will need some supporting documentation to determine whether you qualify. The items below are the basic requirements; however, during the interview process it may be determined that additional information is required.

**Verification of your household income:**

- Last three months of check stubs or verification of wages on a company letterhead
- Copies of Social Security checks or a letter from the Social Security Office showing amount, or documentation of amount received from any other pension source
- Last year's tax return

**Additional Information:**

- Valid driver's license or state issued identification card with photo
- Food Stamp letter, if applicable
- Any records demonstrating all child support due and received, if applicable
- Income of all household family unit members responsible for the patient's medical bills. The family unit consists of individuals living alone; and spouses, parents, and children under age 21 living in the household.

**Proof that you are a Georgia resident (please present one of the following):**

- Utility bill
- Telephone bill
- Rent / mortgage receipt
- If you live with someone, please provide a letter from that person stating your residency and the amount of rent you pay.

Financial Assistance Program Application

209 N. Cuthbert Street • P.O. Box 7 • Colquitt, Georgia 39837  
Telephone (229) 758-3385 • Facsimile (229) 758-6623  
[www.millercountyhospital.com](http://www.millercountyhospital.com)  
Miller County Hospital • Miller Nursing Home  
Miller County Medical Center • Calhoun Nursing Home  
R. E. Jennings Medical Clinic

Once you complete the application and have copies of all required supporting documentation, please mail the enclosed application with copies of your supporting documentation to the financial counselor at:

Hospital Authority of Miller County  
Attention: Financial Assistance Program  
209 N. Cuthbert Street  
P.O. Box 7  
Colquitt, GA 39837

Please do not mail original versions of your supporting documents. Instead of mailing the application to us, you may also call our office at 229-758-3554 to schedule an appointment with a financial counselor to discuss your application.

Please be sure to have all the above information when you come in with your application. If you do not have all the information, we cannot process your application. Please be aware that once we receive a complete application with all required supporting documentation, it will take up to five (5) business days to determine whether you qualify for financial assistance.

Thank you for trusting the Hospital Authority of Miller County with your health care needs.

Financial Counselor  
Telephone (229)758-3554  
Fax (229)758-5936



**Hospital Authority of Miller County  
Financial Assistance Worksheet - Pg. 2**

***Patient Information:***

Name:	
Social Security Number:	
Date of Birth:	
Address:	
Phone Number:	
Employer Name and Address:	
Employment Status:	<i>Please circle:</i> Full-time    Part-time    Retired    Not applicable
Spouse's Name:	
Spouse's Social Security Number:	
Spouse's Date of Birth:	
Spouse's Employer Name and Address:	
Employment Status:	<i>Please circle:</i> Full-time    Part-time    Retired    Not applicable

***Monthly Expenses:***

***Amount:***

Rent / Mortgage	
Auto	
Utilities	
Phone	
Other:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
<b>TOTAL EXPENSES:</b>	

***Description of Assets:***

***Amount:***

Savings Account Amount and Location:	
Checking Account Amount and Location:	
Savings Bonds and Location:	
CD's Amount and Location:	
Retirement Funds:	
Life Insurance Face Value:	
Rental Property:	
Other Assets:	
<b>TOTAL ASSETS:</b>	

**Patient / Guarantor Signature:** \_\_\_\_\_