

Financial Assistance

2855 Old Hwy. 5 North,
Blue Ridge, GA 30513
Phone: 706-632-3711



Charity Care Application

The Following documents are required for our Charity Care Program (even if the documents are not in your name)

- Proof of rent/mortgage
- ID for everyone in the home (social security cards for those in the home under 18 years of age)
- Utility bills (electric, gas, water, etc.)
- Two (2) check stubs OR proof of income (SSI payments, Disability, etc.)
- If unemployed we need a "Wage Statement" from the Department of Labor
- Last year's tax return, W2 or 1099 - If you are paid by cash, we either need a Wage Statement or a letter from your employer
- Letter of Financial Support if you receive money or assistance from anyone/source (if someone provides you with free room and board, this form must be completed)
- Proof of public assistance - copy of food stamp card or eligibility letter
- Recent Medicaid denial if applicable
- Proof of application of insurance through the Health Marketplace if applicable
- Checking Account Statement
- Savings Account Statement

All information must be submitted before your application will be considered.

Contact: 706-632-1418

Financial Counselors

Tracey Fears

Email: tracey.fears@blueridgemc.org

Fax: 706-632-1504

Blue Ridge Medical Center

2855 Old Hwy 5

Blue Ridge GA 30513

Nancy Ross

Email: Nancy.Ross@BlueRidgeMC.org

Phone: 706-632-4272

Please be sure to sign this application in the two highlighted fields, as we are unable to process it without your signatures. Please also try to return your completed application within 2 weeks. We can copy your documents here if needed. Thank you

Exhibit C

Financial Assistance Form

Blue Ridge Medical Center
Charity Care/Financial Assistance Program Application

Patient Account Number: _____

Date Of Application: _____

PATIENT INFORMATION

Name: _____

PARENT/GUARANTOR/SPOUSE

Address: _____

Name: _____

City: _____

Address: _____

State/Zip: _____

City: _____

Date of Birth: _____

State/Zip: _____

Telephone #: _____

Date of Birth: _____

Social Security #: _____

Telephone #: _____

Employer: _____

Social Security #: _____

Occupation: _____

Employer: _____

Address: _____

Occupation: _____

City: _____

Address: _____

State/Zip: _____

City: _____

Work Phone #: _____

State/Zip: _____

Length of Employment: _____

Work Phone #: _____

Supervisor: _____

Length of Employment: _____

Resources

Checking: Yes No

Vehicle 1: Yr _____ Make _____ Model _____

Savings: Yes No

Vehicle 2: Yr _____ Make _____ Model _____

Vehicle 3: Yr _____ Make _____ Model _____

Family Information

Name: _____

Age: _____

Relationship: _____

Social Security #: _____

Exhibit C (continued)**Blue Ridge Medical Center**
Charity Care/Financial Assistance Program Application**INCOME**

Patient/ Guarantor
Wages (monthly): _____

Spouse/Second Parent
Wages (monthly): _____

Other Income:

Child Support: _____

VA Benefits: _____

Worker Comp: _____

SSI: _____

Other: _____

Other Income:

Child Support: _____

VA Benefits: _____

Worker Comp: _____

SSI: _____

Other: _____

Living Arrangements:

Rent: _____

Own: _____

Other (explain): _____

Landlord/Mortgage Holder: _____

Phone #: _____ Monthly Payments: _____

Required Documents:

The following documents must be attached to process your application for Charity Care/Financial Assistance:

***Proof of Income:** Prior year income tax return; last 3 months bank statements; last 4 pay check stubs, if applicable, or a letter from employer, or a letter from Social Security, etc; Other documents as requested.

***Proof of Expenses:** Copy of mortgage payment or rental agreement; Copies of all monthly bills (including credit cards, bank loans, car loans, insurance payments, utilities, cable and cell phones); Other documents as requested.

The information provided in this application is subject to verification by the hospital and has been provided to determine my ability to pay my debt. I understand that any false information provided by me will result in denial of any financial assistance by the hospital.

The hospital reserves the right to pull a copy of your credit report.

Signature of Applicant: _____

Hospital Representative Completing Application: _____

The below signature is indication of your review of the application and supporting documentation and that you find the information to meet policy requirements.

Approval/Authorization of Charity Write-Off:

BOM _____

Amount Approved: \$

CEO _____

CFO _____

Request for Transcript of Tax Return

4506-T

Form (September 2024)

Department of the Treasury
Internal Revenue Service

► Do not sign this form unless all applicable lines have been completed.

► Request may be rejected if the form is incomplete or illegible.

► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

 / / / / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed. **Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign
Here**



Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date



Blue Ridge Medical Center

Employment Verification

This form is only required to be completed if your employer pays you in cash

This form is to confirm that _____
(Employees Name)

Is employed by _____
(Employer Name)

He/she makes an average of _____ per hour and works
approximately _____ hours per week.

_____ Name

_____ Signature

_____ Telephone #

_____ Date



Letter of Financial Support

Patient Name: _____

Account #: _____

This is to certify that I _____, _____
(supporter) (relationship)

Of patient, _____, lives / does NOT live
with me, and/but I provide him/her with financial support. I have done so for
_____ months/years.

_____ I provide free room and board to the above individual.

_____ I provide the above individual with \$ _____ a week/month.

_____ I have provided a personal loan to the above individual in the
Amount of \$ _____ on _____ (date)

_____ (Witness Representative)

_____ (Signature of Supporter)

~~STATE OF GEORGIA
COUNTY OF FANNIN~~

_____ (Date)

The forgoing instrument was acknowledged before me this _____ day of

_____ by _____

_____ (Notary Public)



Because you were seen in the ER, you will receive multiple bills for your visit, as we do not handle the billing for the doctor, or the radiology group that would read your images if any were taken.

Fort Oglethorpe Emergency Physicians Group/GA Mountain
The doctors bill will come from Physicians LLC
and they may be contacted @ 888-671-5424

The bill for the reading of any diagnostic imaging will come from South Georgia Radiology
Associates and they may be contacted @ 888-760-2455



706.632.3711



2855 Old Hwy 5 North Blue Ridge, GA 30513