

**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](mailto:tracey.fears@blueridgemc.org)

Nancy Ross  
**Email:** [Nancy.Ross@BlueRidgeMC.org](mailto:Nancy.Ross@BlueRidgeMC.org)

**Phone:** 706-632-4272

**Fax: 706-632-1504**  
**Blue Ridge Medical Center**  
**2855 Old Hwy 5**  
**Blue Ridge GA 30513**

**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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**PARENT/GUARANTOR/SPOUSE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Resources**

Checking:      Yes      No

Savings:      Yes      No

Vehicle 1: Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle 2: Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle 3: Yr \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Family Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

Form **4506-T**  
(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](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip: Get faster service:** Online at [www.irs.gov](http://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).

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> 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

**X** **Signature** (see instructions) **Date**

**Sign Here** **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 and 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.

The doctors bill will come from Fort Oglethorpe Emergency Physicians Group/GA Mountain 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



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