

PATIENT INFORMATION SHEET – PROBABLE ELIGIBILITY

Thank you for inquiring about our Financial Assistance Program. Everyone is eligible to apply. The attached form is to request a preliminary/probable eligibility determination. Information gathered on this form, or by interview, will be utilized in providing you with a probable eligibility determination within 2 business days of submission. Final determination will be dependent upon the completion of the full Financial Assistance Application and submission of required documents.

For assistance with this form, or to talk with a GBMC Financial Assistance representative, please call us at 443-849-2450. Representatives are available Monday through Friday, from 8:00 AM to 4:30 PM. The form can be mailed to the address listed above.

We look forward to assisting you with your application process.

Sincerely,

The Patient Financial Services Department



Financial Assistance - Request for Probable Eligibility (Exhibit B)

Name: _____
First Middle Last

Social Security Number : _____ - _____ - _____

Marital Status: Single / Married / Separated
(please circle one)

Home Address: Street _____

City _____

Phone: (____) - _____ - _____

State _____ Zip Code _____

Social Services Programs: Do you receive benefits from:

Employer Name: _____

Federal Supplemental Nutrition Assistance Program Yes / No

Employer Address: Street _____

State's Energy Assistance Program Yes / No

City _____

Federal Supplemental Food Program for Women, Infants, and Children Yes / No

State _____ Zip Code _____

Other social service program (please list below) Yes / No

Number of people living in household: _____

Please include all members living at the home address

Estimate of total household income: \$ _____

Estimated cash and accounts - total value: \$ _____

Please include estimate for: checking and savings accounts, stocks, bonds, etc.

Estimated Property - total value: \$ _____

Please include estimate for: home, automobile, other, etc.

Information gathered on this form, or by interview, will be utilized in providing the patient with a probable eligibility determination within two business days. Final determination will be dependent upon the patient completing the full Financial Assistance Application and submission of required documents. For assistance with this form, or to talk with a GBMC Financial Assistance representative, please call us at 443-849-2450. The form can be mailed to the address below.

Mailing Address: Greater Baltimore Medical Center
Patient Financial Services - Financial Assistance
PO Box 310
Lutherville, MD 21094-0310