

## IMPORTANT--PLEASE READ

It is very important that you enclose ALL of the following forms that apply to you.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED TO YOU. PHOTOCOPIES ARE ACCEPTABLE.

1. A copy of your most recent bank statement(s), for all accounts under your and (if married) your spouse's name(s).
2. (If employed) Copies of your and (if married) your spouse's 2 most recent paycheck stubs, and a copy of last year's federal tax return.
3. A copy of your and (if married) your spouse's Social Security proof of benefit, or a copy of a recent Social Security check. If your check(s) are directly deposited into a bank account, a copy of your bank statement with a description that clearly shows the deposit as your social security payment.
4. In addition to the above financial information, all patients **will be required** to apply for medical assistance. If you have not done so, please contact your local county offices to apply for these programs. We will require a copy of the denial before processing this application.

**Without this paperwork, we will be unable to process your application!**

**Incomplete applications will be returned to you to be completed.**

Documents submitted will be subject to verification prior to approval or denial.

Please allow 30 days for us to send you a written approval or denial by mail.

SEE THE FOLLOWING PAGE FOR THE STEVENS COMMUNITY MEDICAL CENTER  
FINANCIAL ASSISTANCE APPLICATION

